PRINCE ALBERT PARKLAND
REGIONAL HEALTH AUTHORITY
Healthy Living in Healthy Communities

2011-2012 Annual Report to the Minister of Health

PRINCE ALBERT PARKLAND
HEALTH REGION

Letter of Transmittal

June 13, 2013

To: Honourable Dustin Duncan
Minister of Health

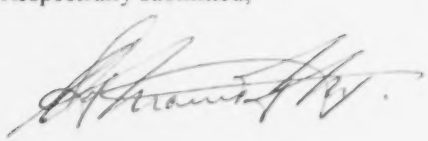
Dear Minister Duncan,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2011-12 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2012.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including achievement of surgical volume and wait time targets. The Region also began construction of a new integrated health centre in Shellbrook to replace aging facilities, as well as a Family Treatment Centre in Prince Albert to expand capacity to help families struggling with substance abuse.

Our success is directly attributed to the dedication and commitment of our employees, physicians and volunteers.

Respectfully submitted,



Gord Dobrowolsky,
RHA board chairperson

Our Vision

Healthy Living in Healthy Communities

Our Mission

The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness and provide safe, quality health services.

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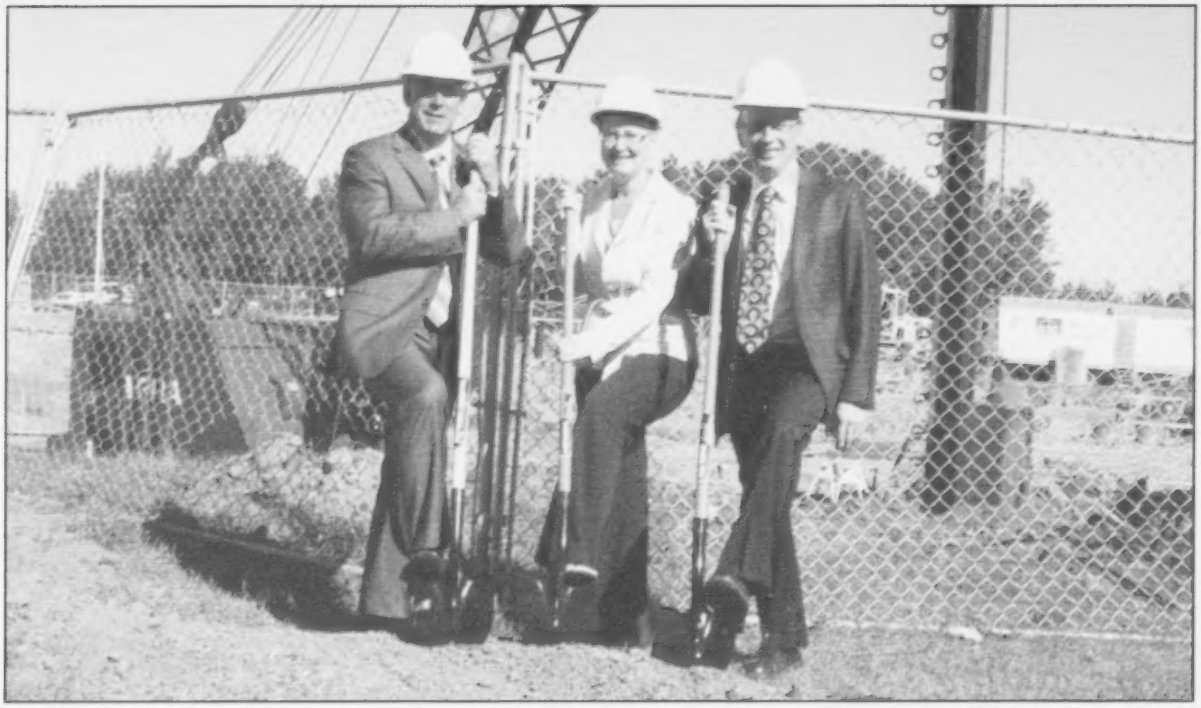

New facility

Hon. Don McMorris, former Minister of Health, left, along with Lesley Blacklock from AODBT (who designed the facility) and Gord Dobrowolsky, Prince Albert Parkland RHA board chairperson, participated in a sod turning ceremony for the new Family Treatment Centre in August 2011. The new facility will house an innovative new program for families struggling with substance abuse, as well as provide a new unit for children and youth mental health inpatient services.

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The Prince Albert Parkland Regional Health Authority's
2011-2012 Annual Report to the Minister of Health is available online at:
www.princealbertparklandhealth.com

Our Values

Compassion *in our every day interactions, with patients, residents, clients and communities. We will listen to concerns, answer questions and have shared decision making through dialogue with the people for whom we are providing care.*

Respect *of the diversity of ethnicity, culture and beliefs in both the population served and regional workplaces, while ensuring the focus remains on meeting the individual needs of the patients, residents and clients.*

Innovation *is grounded in research and discovery, as well as a willingness to examine new program models to meet the needs of the people we serve.*

Patient Safety *means ensuring that the people we serve are confident that the care they receive is safe and they are aware of any risks associated with their treatment.*

Service Excellence *is having a patient-centred focus as we pursue quality in everything we do. It refers to a commitment to continuous learning and improvement. It is achieving desirable outcomes in the provision of evidence-based health care services.*

Collaboration *is a vital component in helping develop healthier communities. We can accomplish more by working together with other organizations, communities and individuals to achieve common goals.*

Stewardship *is being responsible and accountable for the effective and efficient use of natural, financial and human resources.*

Rewarding Work Life *includes a safe work place where our employees, physicians and volunteers feel supported, encouraged and appreciated for the work they perform.*

Introduction

Ensuring that the Prince Albert Parkland Regional Health Authority is accountable to its main funder and transparent in its activities is the main purpose of the 2011-12 Annual Report to the Minister of Health.

The organization is responsible for the preparation and verification of the information contained in this report. Significant portions of the information are taken from regular reports to the board of directors, as well as the required submissions to the Ministry of Health. The interpretation of the reporting reflects the best judgment of the Region's management team.

The Strategic Alignment section will demonstrate how the Region's 2010-2014 Strategic Plan is aligned with the Ministry of Health's Strategic and Operational Directions. The Region's plan reflects the provincial priorities, including access, quality and cost containment.

Big River RHA meeting
Infection Control Officer Lesley McLeod makes a presentation at the Sept. 14, 2011 RHA board of directors meeting in Big River. The RHA board holds nine regular meetings each year, with six held in the City of Prince Albert and three rotating among rural communities in the Region.

The Overview section will discuss the Region's governance and administrative structure, as well as the Strategic Plan that was approved in April 2010.

There is information about the Region's programs and services, including service volumes, as well as information about the Region's key partners in the delivery of health care services. The Region faces issues, which can impact both the health of population as well as the demand for health care services.

The Region will discuss its Progress in 2011-12 in achieving goals and targets. The Region's 2010 -2014 Strategic Plan includes four main goals, which are aligned with the Ministry of Health's Strategic and Operational Directions. This section will show the Region's successes and areas where challenges remain.

There is information about how the Region is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology.

The Region has chosen specific measurements related to the Saskatchewan Surgical Initiative, access to primary health care services, cost containment and workplace wellness initiatives. These are reflective of the provincial priorities identified in the Strategic and Operational Directions document.

The Region utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the Region is presenting its financial status accurately. That information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor. The Financial Overview section will provide additional context about the Region's financial performance.

Appendices in this report include the Organizational Chart, regional directory of programs and services, and the Payee List for all recipients in excess of $50,000 in the past year (includes staff members, suppliers, transfers and other expenditures).

Strategic Alignment

As part of its Strategic and Operational Directions for the Health Sector in Saskatchewan (SOD), the Ministry of Health has focused on the pillars of Health of the Individual; Health of the Population; Providers; Sustainability; and Supportive Processes.

Within each of these pillars are major system goals, including:

Health of the Individual

- Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations
- Achieve timely access to evidence-based and quality health services and supports
- Continuously improve health care safety in partnership with patients and families

Health of the Population

- Improve population health through health promotion, protection and disease prevention
- Collaborate with communities, other ministries and different levels of government to close the gap in health disparities

Providers

- Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices
- Work together to create safe, supportive and quality workplaces
- Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

Sustainability

- Achieve best value for money while improving the patient experience and population health
- Improve transparency and accountability through measurement and reporting
- Strategically invest in facilities, equipment and information infrastructure to effectively support operations

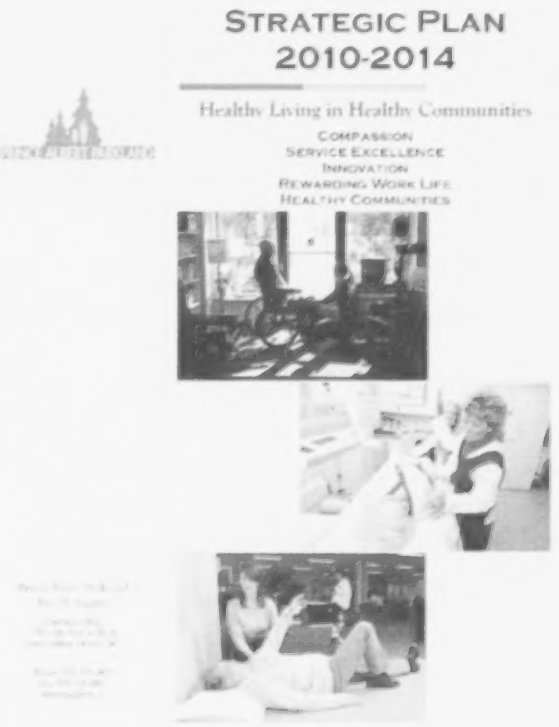
Supportive Processes

- Benchmark and model world-class high-performing health systems
- Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies
- Leverage technology to achieve improvements in patient care and system performance

The Prince Albert Parkland Regional Health Authority approved the 2010-2014 Strategic Plan in April 2010. It is aligned with the provincial priorities, and provides direction for the RHA's management team in the achievement of both long-term goals and short-term objectives.

The Prince Albert Parkland RHA's four major goals include:

- Provide exceptional health care services to individuals, families and communities
- Empower individuals and communities to achieve their ideal health status
- Foster safe, quality and diverse work environments
- Sustain a regional health care system focused on accountability, effectiveness and excellence



These four goals each have several objectives for the RHA's direct patient care programs, as well as the support services for those programs. The plan has specific measurements to determine progress towards achieving the goals and meeting the expectations of both the public and the Ministry of Health.

Further details about the specific objectives and measurements are included in the section "Progress in 2011-2012" starting on Page 15.

The Prince Albert Parkland Regional Health Authority recognizes that there are challenges to providing sustainable services, and opportunities to explore new service-delivery models.

Table 1: Social determinants of health

Selected determinant of health	PAPHR	Saskatchewan
Current smoker; daily (%)	24.6	17.9
Second-hand smoke; exposure at home (%)	8.9	6.6
Second-hand smoke; exposure in vehicles and/or public places (%)	14.4	13.1
Population ≥ 12 yrs who reported having ≥5 alcoholic drinks on one occasion, ≥ 1x/month in the past year.(%)	22.1	18.8
Leisure-time physical activity; moderately active or active (%)	48.5	51.2
Fruit and vegetable consumption; 5 times or more per day (%)	31.0	38.5
Bike helmet use (%)[1]	16.3	23.4

Canadian Community Health Survey, 2009/10
1—Use data with caution

Celebrating diversity
The Prince Albert Parkland Health Region hosted its first Mosaic Day on March 21, 2012, to mark the International Day for the Elimination of Racial Discrimination. The event include a variety of displays, including representatives of CUPE Local #4111, the P.A. Multicultural Society and other local organizations. A come and go potluck lunch, with a variety of food choices, was held at the Herb Bassett Home and included entertainment by a variety of performers.

This is especially true for providing primary health care in rural communities, where the human resource challenges have resulted in unplanned changes. By working with communities to identify priorities, the Region can design a service-delivery model that matches needs and resources.

In the fall of 2011, community consultation meetings were held in Big River and Spiritwood to discuss the future of primary health care services. Community members identified a lack of consistency in providers, as well as a desire for later-day and weekend access. The Region has a plan for expanding hours and improving access, which has been difficult to implement due to lack of human resources—both physicians and nurse practitioners.

Human Resources

Prince Albert Parkland continues to have recruitment and retention challenges for professionals, including physicians, in rural communities. It can also be difficult to keep professionals when there may not be permanent full-time positions available in either rural or urban communities as individuals seek the stability of regular hours and income.

This leads to difficulty in having replacement staff available, particularly in smaller communities, where the amount of work available is not predictable.

Temporary positions (often for leaves of absence for educational or medical reasons) for health-care professionals have also been difficult to fill. The lack of relief staff members and vacancies can either reduce the availability of services, or increase costs as vacancies are replaced at overtime rates.

In addition to human resources, Prince Albert Parkland is examining the effect of a number of demographic factors on current and future demand for health care services. The other factors determining the service demands are the poor determinants of health for Prince Albert Parkland residents (see Table 1).

The Region's population has a higher smoking rate and is exposed to second-hand smoke more often. The population is also more likely to consume larger volumes of alcohol more frequently, while being less physically active and not eating the recommended amounts of fruits and vegetables each day. Residents of the Region are also less likely to use helmets when bicycling. While these behaviours can affect individual and population health, they will require broad community effort to address.

RHA board of directors 2011/2012

Gord Dobrowolsky, Chairperson

Ray Ewanchuk

Brenda Abrametz, Vice-chairperson

Allan Jurgens

Shirley Bighead

Jerri Olson

Grant Cadieu

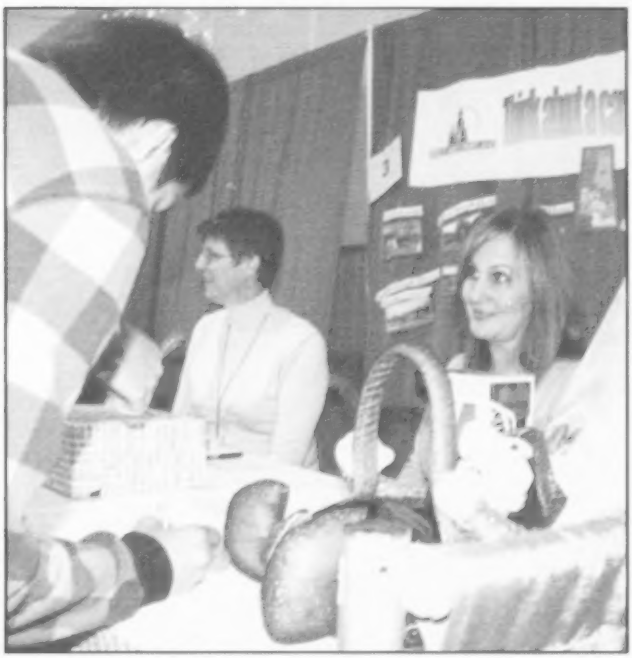
Gerry Osmundson

Don Code

Dale McFee
(Until November 2011)

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. As of March 31, 2012, there were currently nine members, with three vacant positions. (Board members listed on Page 8). The 2011-2012 board was appointed in February 2009.

The board of directors holds nine regular meetings annually, usually on the second Wednesday of the month. Most meetings are held in Prince Albert, with three meetings held in other communities within the Region.



Recruitment efforts
Nola Tucker, left, Director of Care at Herb Bassett Home, and Michelle Herbst-Sutor, Nursing Unit Manager, talk to students at a career fair in Prince Albert in October 2011. The Region had several representatives at the event talking about a variety of health-care career opportunities.

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the Region's achievement of goals, the results of measurements, and compliance to policy based on strategic goals approved by the board of directors.

The Authority has developed a committee structure to further the goals of the Region. Standing committees include the Board Finance Audit Committee (board members only), Practitioner Liaison Council (with physician representation), Rural/Urban Community Advisory Network and First Nations Community Advisory Network.

The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services.

The board of directors also appoints members to other committees and boards, including North Sask Laundry and Support Services, Victoria Hospital Foundation and the Saskatchewan Association of Health Organizations.

Geography and communities

The Prince Albert Parkland Health Region is located in Central Saskatchewan, covering a geographic area of just over 29,000 square kilometers. The geographic area of the Region runs from Kinistino in the southeast to Big River in the northwest, and from Hafford in the southwest to Candle Lake in the northeast.

The Region has a population of 80,000 (Ministry of Health, Covered Population, June 2011). This is the third-highest population total of the 12 Regional Health Authorities in Saskatchewan. The City of Prince Albert, with a population of about 40,000, is the largest community in the Region. There are several other communities with a population in excess of 1,000 individuals, including the towns of Big River, Spiritwood and Shellbrook. There is also a substantial population in the 12 First Nation communities, with the largest being Big River First Nation, Ahtahkakoop Cree Nation, James Smith Cree Nation and Sturgeon Lake First Nation.

In addition to providing health care services to the population of the Region, Prince Albert Parkland is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

Programs and Services

The Prince Albert Parkland Regional Health Authority provides services to more than 2,000 individuals every day, including long-term care resi-

dents, mental health clients, service at home or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner.

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes.

The Prince Albert Parkland Health Region has more than 2,500 employees (Table 2) working in 24-hour facilities and community-based programs.

Table 2: Employees

Affiliation/ Category	Full-time equivalents[1]
Canadian Union of Public Employees	1,170.91
Saskatchewan Union of Nurses	395.25
Health Sciences Association of Saskatchewan	157.79
Medical	2.42
Out-of-Scope	127.38
Total	**1,853.75**

1—Prince Albert Parkland RHA financial system data as of March 31, 2012
Totals do not include affiliates or Health Care Organizations

The largest facility is the Victoria Hospital, a regional centre that not only serves the residents of the Region but is also a major referral centre for secondary specialist services for northern and northeast Saskatchewan. With more than 130 beds

Table 3: Service volumes

Program/service area	2011-2012	2010-2011
Laboratory visits—Victoria Hospital	192,435	182,660
Laboratory visits—Shellbrook Hospital	10,586	12,950
Laboratory visits—all other rural [1]	13,423	11,767
X-Ray visits—Victoria Hospital	30,138	30,350
X-Ray visits—Shellbrook Hospital	2,994	4,324
X-Ray visits—all other rural [2]	1,278	1,275
CT visits—Victoria Hospital	6,200	6,183
CT exams—Vitoria Hospital	6,470	6,841
Acute Care inpatient days—Victoria Hospital	46,686	46,862
Acute Care inpatient days—Shellbrook Hospital [3]	4,349	4,559
Emergency department visits—Victoria Hospital	27,320	27,923
Emergency department visits—Shellbrook Hospital	3,882	7,181
Ambulatory Care outpatient visits—Victoria Hospital	18,234	18,527
Operating Room Cases—Victoria Hospital		
Inpatient	1,621	1,462
Outpatient	3,619	3,617
Hemodialysis Treatments—Victoria Hospital	7,262	7,047
Long-term care—resident days (all facilities) [4]	203,859	199,914
Long-term care—residents per day (all facilities) [4]	556.99	546.21
Physical Therapy—number of treatments	33,285	32,560
Occupational Therapy—number of treatments	7,848	7,017
Speech Therapy—number of treatments	4,217	4,236
Cardiac and Pulmonary Rehabilitation—number of treatments	11,187	10,718
Home Care—number of nursing visits	38,806	34,360
Home Care—number of homemaking visits	84,257	88,424
Home Care—number of meals	35,312	33,832
Addiction Services—total new outpatient files	2,519	2,261
Mental Health Outpatients—total new files	48,842	44,281
Public Health—total provincially funded vaccinations	17,791	20,962

Prince Albert Parkland Regional Health Authority statistical information
1– All other rural includes Hafford Primary Care Site, Kinistino Health Centre, Birch Hills Health Centre, Big River Health Centre, Spiritwood and District Health Complex
2—All other rural includes Big River Health Centre, Spiritwood and District Health Complex
3—Due to lack of physician on-call resources Shellbrook Hospital has had limited acute-care inpatient capacity and emergency room hours since August 1, 2011. Beds have been utilized for alternate levels of care
4—Includes 11 facilities operated by PAPHR and the affiliate Mont St. Joseph. In 2011-2012, there were 555 long-term care spaces available, along with 15 respite beds and 2 interim beds. This is the total effective March 31, 2012. There were mid-year changes to configurations at several facilities.

available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

The Prince Albert Parkland Regional Health Authority programs and services, in addition to those profiled in Table 3 (Page 10), include:

- The Acquired Brain Injury program (includes funding from SGI) provides support for residential and individual programs. The program provides awareness and education about the importance of preventing brain injuries.
- Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region from environmental risks. Programs and services protect public health and safety by ensuring:
    - safe food;
    - safe water;
    - safe public swimming pools and recreational water;
    - safe housing;
    - safe residential indoor air quality.
- Sexual Health Clinic, in Prince Albert, provides a variety of services to individuals, including:
    - Testing and treatment for Sexually Transmitted Infections (STI's)
    - Pregnancy testing
    - Hepatitis A, B, and C testing
    - HIV point of care testing
    - Hepatitis B immunizations
    - Referrals to the Hepatitis C and HIV Program, Sexual Health Clinic, Addiction Programs, Detox, Methadone Program, Physicians, Hospital
    - Free condoms
    - Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
    - Needle Exchange Program
    - Presentations and in-services on Hepatitis C and HIV and related issues.

During the past year, there were some changes to the Region's management structure, with program areas changing portfolios. This included having the Region's Chief Information Officer (responsible for information technology and information management) report directly to the chief executive officer. This is to reflect the role of the department which, along with participation in senior management discussions, will assist in the department's priority setting for projects. (See organizational chart in Appendix A—Page 61.)

The Health Records department has also been moved from the Finance portfolio to the Quality Management portfolio. This moves the health information data management and reporting into the portfolio that supports the Region's quality improvement processes and projects.

Key partnerships

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region.

The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Region also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for approximately 9,500 trips in 2011-2012.

Other community partners include:

- Family Futures provides parent support for the eastern part of the Region. Workers provide counseling, referral and emotional support.
- Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE operates a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital.
- The Prince Albert Branch of the Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining

skills training through the quilting projects, shopping skills project, and other life skills.

- Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites. The Co-operative Health Centre also supports the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert.
- Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.
- The Prince Albert Early Intervention Program delivers the Kids First Community Development program for the rural east side of the region.

Emerging Issues

Working with community partners, both health care organizations and other human services, will be necessary to address many of the health status challenges of the RHA's population.

The health-care challenges are often the result of poor determinants of health (Table 1, Page 7), and require a community-wide effort to assist people in need.

Prince Albert Parkland's population has a higher rate of people who are both overweight and obese (Table 4) than the rest of Saskatchewan. The trend is the same for chronic illnesses such as arthritis, diabetes, asthma, high blood pressure, mood disorders, chronic pain, and chronic obstructive pulmonary disease (COPD).

Assisting the population who are struggling with one or more of these chronic illnesses is a major challenge for the Region's primary health care providers. Access to services when people are able to attend clinics will be a key component of the Region's Primary Health Care strategy.

It is important for the Region to work with Health Care Organizations and other human service agencies in order to meet the needs of a vulnerable population.

A recent initiative now operation is the City of Prince Albert's Community Mobilization effort, which is being led by the Prince Albert Police Services. In addition to the Prince Albert Parkland RHA, the efforts includes representatives of a variety of public organizations from social service, education, justice and health care fields.

The Community Mobilization effort is about breaking down barriers between organizations, and working together to find solutions for both specific individuals and the community. There is case management for specific individuals, where partner organizations work together to find solutions and improve both social and health conditions.

Education programs
Lori Nelson, a Nurse Education with the Diabetes Education Centre, discuss blood sugar testing during a class for individuals who have been diagnosed with diabetes The Diabetes Education Centre is based in Prince Albert, but also provides support through education session in Shellbrook.

Table 4: Health status challenges

Indicator	PAPHR	Sask.
Overweight (%) Body Mass Index 25-29.99	40.5	37.0
Obese (%) Body Mass Index ≥ 30	26.7	21.7
Arthritis (%)	21.3	18.8
Diabetes (%)	7.2	6.4
Asthma (%)	9.1	8.6
High blood pressure (%)	19.0	18.2
Mood disorder (%)	7.4	6.9
Pain or discomfort that prevents activities (%)	14.2	12.8
Chronic obstructive pulmonary disease (COPD) (%)[1]	6.6	4.5

Canadian Community Health Survey, 2009/10
1—Use with caution

The RHA is also working with other communities through Primary Health Care Community Advisory Committees.

These committees, which include Prince Albert Parkland staff members and interested community members, continually review and discuss community health-care needs and potential solutions that could utilize the Region's resources or determine an appropriate resource within the community.

Another health status concern is a result of high-risk lifestyles often including substance abuse and a high rate of sexually transmitted infections. The number of individuals who have tested positive for HIV, Hepatitis C, syphilis and other sexually transmitted infections has been increasing in the Prince Albert Parkland Health Region during the past several years (Charts 1-3, Ministry of Health data).

While the preliminary data for 2010 shows a leveling off or decrease in some of the illnesses, the overall rate is still a cause for concern. Increased testing has been one reason for the increase in numbers; however, there are also significant concerns about reducing the spread of these illnesses.

The epidemiology of HIV in the Saskatchewan population is different from that seen elsewhere in Canada, with its new HIV cases predominantly associated with intravenous drug use (IDU). This trend of increasing new HIV cases among IDUs increased from 50 per cent in 1997 to 75 per cent in 2009. Since 2005, Aboriginal females under the age of 30 have accounted for a disproportionate number of female HIV cases under the age of 30.

Ethnicity of all cases of HIV indicates an over-representation of those of Aboriginal ethnicity (76 per cent in 2008). In 2008, the new cases were predominantly found to be IDU (77 per cent); and of this group, 63 per cent were of Aboriginal ethnicity. With the significant proportion of First Nations population in Prince Albert Parkland this has implications for service delivery and case management.

Males have consistently higher rates of Hepatitis C than females in Prince Albert Parkland and the province as a whole. However, when you look at rates by gender and age group, females between ages of 15-24 had higher rates of Hepatitis C than their male counterparts in the Region. In age groups 25+, incidence rates in males were substantially higher than females.

A similar situation exists for gonorrhoea in Prince Albert Parkland when it comes to the age breakdown between males and females. When looking at five-year average rates by age group and gender, females in the Region had higher rates of gonorrhoea in younger age groups (under 40 years) while males had higher rates in the older age groups (over 40 years). The highest rates of gonorrhoea were found in the 15-29 year old age groups for males and females. Females 15-19 years of age had a strikingly higher rate than males in this age group.

Chart 1: Crude HIV and Hepatitis C incidence rates per 100,000 population for PAPHR vs Sask 2006-2010

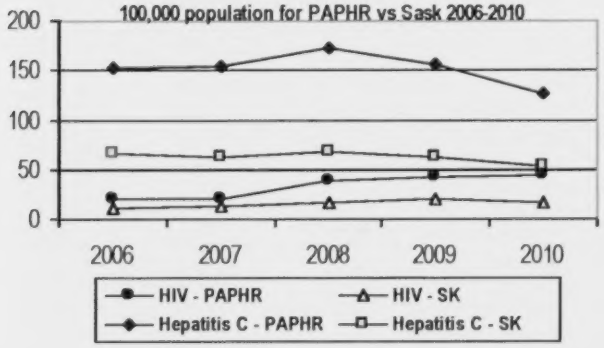


Chart 2: Crude Chlamydia incidence rates per 100,000 population for PAPHR vs Sask 2006-2010

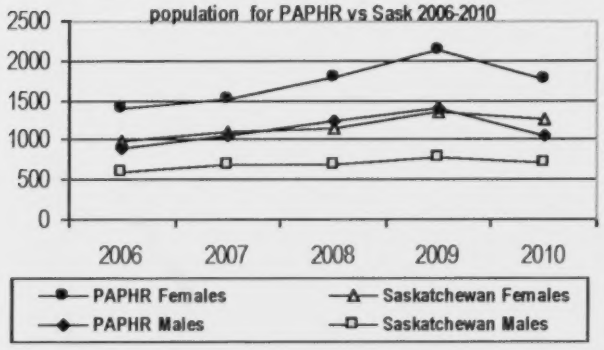
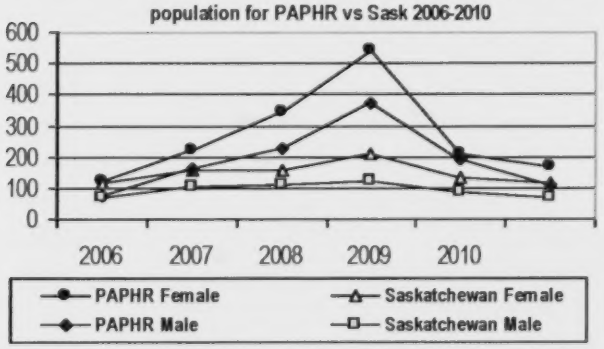
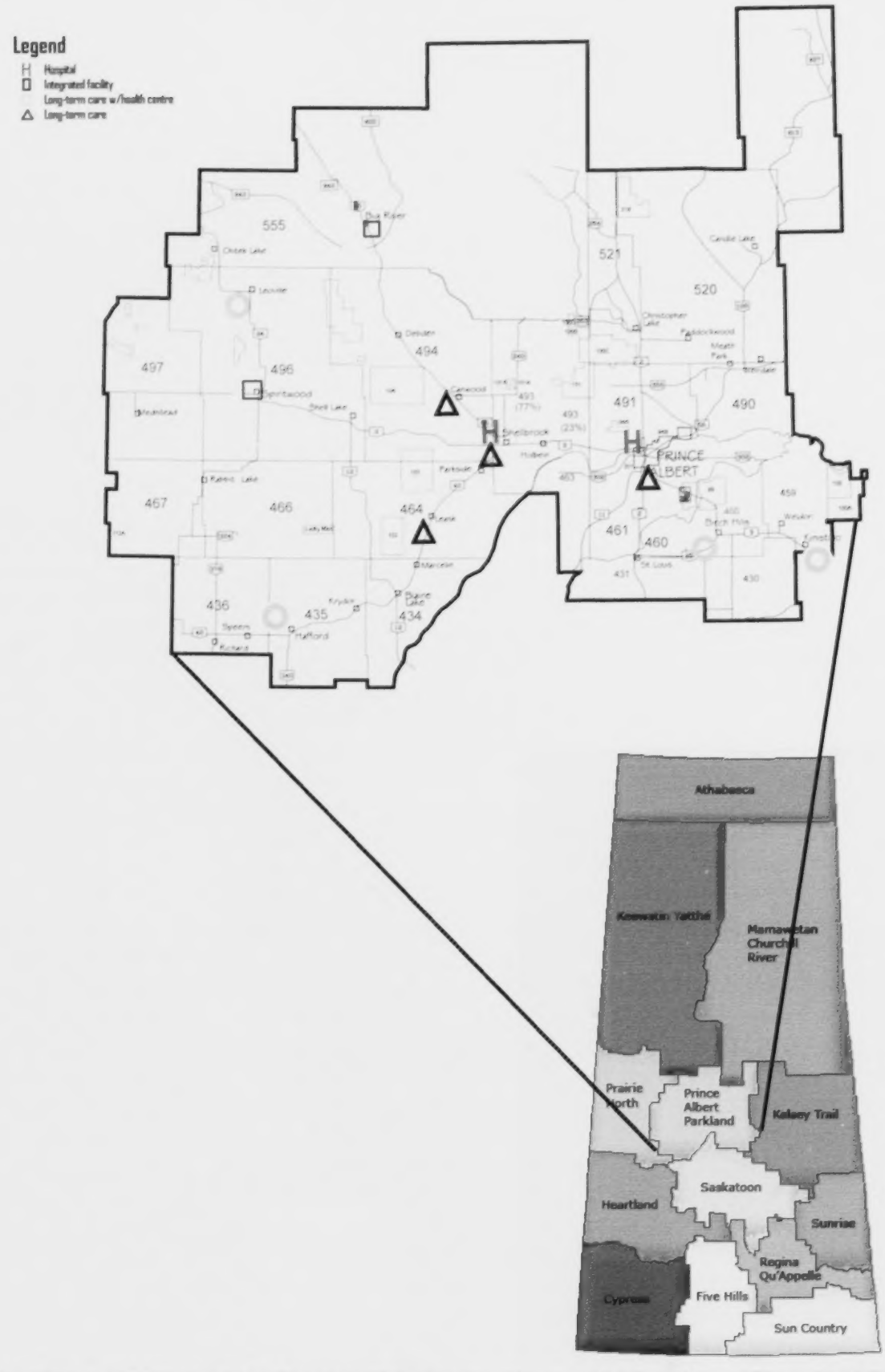


Chart 2: Crude Gonorrhea incidence rates per 100,000 population for PAPHR vs Sask 2006-2010



RHA Overview



The Prince Albert Parkland Regional Health Authority approved the 2010-2014 Strategic Plan at its regular meeting on April 21, 2010. The Strategic Plan includes goals that align the RHA with the priorities of the Ministry of Health, and provides direction to address issues raised in the Patient First Review.

The Vision, Mission and Values (Pages 4 and 6) define the Region's priorities and roles on a daily basis as the board of directors, staff and physicians strive to meet the health care needs of the patients, long-term care residents and community clients.

New technology
Lori Bolotniuk, Nurse Educator, left, and Traci Hobson, Nursing Unit Manager, from the Victoria Hospital Emergency Department, demonstrate the features of the Sunrise Clinical Manager during a news conference in June 2011. The new software was launched in the Victoria Hospital Emergency Department in 2011. The program has information about the patient entered when they arrive at the Emergency Department, assisting in the delivery of a CTAS (Canadian Triage Acuity Scale) score that determines patient priority. Large television monitors have replaced white boards, with patients colour-coded based on their needs. There are icons representing what services they require—such as laboratory work or waiting to see a physician. Patients are identified only by their initials on the public board, and the patient's information is only available while they are in the Emergency Department.

The goals and measurements also focus on outcomes, quality and safety, rather than just on the volume of service provided. The Region must ensure that the services and programs are effective in improving the health of the population.

The Strategic Plan emphasizes a commitment to compassion, service excellence, innovation and quality health care services, while providing a rewarding work life for staff, physicians and volunteers.

The Strategic Plan has had key influences: the health status of the Region's residents, Accreditation Canada's standards, the recommendations from the provincial Patient First Review, and the Ministry of Health's Strategic and Operational Directions. The Region will continue to monitor those influences to ensure the Strategic Plan remains aligned with Ministry of Health priorities.

There are four major goals in the Strategic Plan. They include:

- Goal 1: Provide exceptional health care services to individuals, families and communities.
- Goal 2: Empower individuals and communities to achieve their optimal health status.
- Goal 3: Foster safe, quality and diverse work environments.
- Goal 4: Sustain a regional health care system focused on accountability, effectiveness and excellence.

The RHA board receives reports on progress toward the achievement of each goal. There are also more frequent reports on specific objectives, particularly those affecting targets set by the Ministry of Health. The board of directors receives reports from the Region's Quality Teams—which are aligned with the requirements of Accreditation Canada, with the most recent survey being completed in June 2010.

The remainder of the Progress in 2011-2012 section will examine the accomplishments and challenges for each of the four Goals, along with specific strategies, in the Strategic Plan, while also discussing how they align with the provincial priorities outlined in the Strategic and Operational Directions for the Health Sector.

Goal 1: Provide exceptional health care services to individuals, families and communities.

This strategic goal is focused on the services provided on a daily basis. It is aligned with the Strategic and Operational Directions for the Saskatchewan Health Sector goals:

- Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations
- Achieve timely access to evidence-based and quality health services and supports

Within this goal, the Prince Albert Parkland RHA has determined four strategies for the programs and services in the Region:

- Timely access to appropriate health care services
- Promote an environment focused on client safety
- Service excellence throughout the health care continuum
- Utilize customer experience information to inform program delivery

In order to determine how the RHA is performing, there are several measurements that look at the patient experiences, outcomes and wait times for a variety of program areas. The RHA board of directors receives key data reports regarding specific Goals and the Executive Expectation policies for the Chief Executive Officer.

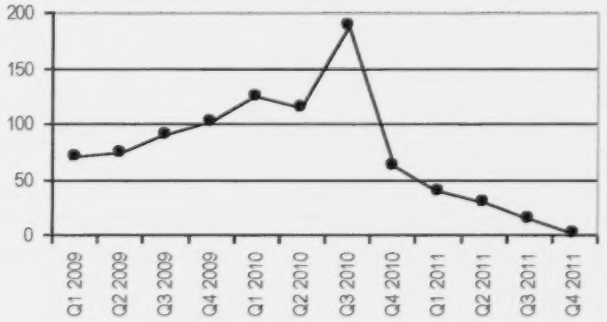
One of the measurements is the percentage of patients rating their hospital as 10 on scale of 1-10. In Prince Albert Parkland, there has been significant variations in the monthly results (Chart 4: Health Quality Council Acute Care Patient Experience Survey), some of which exceed the target of 37.1 per cent, while others are below. The Region has decided to invest in a larger sampling size, which will provide more data on issues related to specific nursing units with the hospitals. The additional data will also avoid some of the lower response rates that can lead to higher variability on a monthly basis. This data will be available in the 2012-2013 fiscal year.

A major target for the Strategic and Operational Directions is the reduction of wait times for surgery. The Saskatchewan Surgical Initiative is building towards an end goal of having no patient wait more than three months for surgery after meeting with their surgeon by March 31, 2014. For the 2011-2012 fiscal year, the target is to have all patients having an option for surgery within 12 months for surgery, with no one waiting

The results for Prince Albert Parkland were very good with the start up of the Victoria Hospital's fourth operating room at the end of August 2011. This enabled added volume for surgeries and also allowed dedicated time during the day to perform urgent and emergent surgeries. This decreased the overtime and fatigue experienced when only three operating rooms were running at full capacity and all urgent/emergent surgeries were performed in the evenings. All patients had the option for surgery within 12 months with two people still on the wait list as of March 31, 2012. (Chart 5: Ministry of Health, Saskatchewan Surgical Initiative)

Chart 4: Percentage of patients rating their hospital as 10 on scale of 1 to 10 - PAPHR overall (Health Quality Council)

Chart 5: Number of patients waiting more than 12 months for surgery (PAPHR)



There are some challenges, as Prince Albert Parkland has not met the target of having 95 per cent of invasive cancer patients receive surgery within three weeks. The Region, even when experiencing over capacity in the Victoria Hospital, makes every effort to not cancel cancer surgeries due to the impact on the patient.

The health region averaged 69.2 per cent (Source: Ministry of Health, Saskatchewan Surgical Initiative, Cancer wait times, March 31, 2012)

in the last 12 months. The averages vary from 52 per cent to 84 per cent each month. The challenge with completing invasive cancer surgeries within three weeks 95 per cent of the time is twofold. The first challenge is patient readiness, with many surgeons identifying that all tests and investigations required prior to surgery are often not complete within three weeks nor is the patient always physically able to withstand surgery, therefore requiring extra medical oversight. The second challenge has been anesthetists and surgeons having to write examinations.

Give a Little Life Day
Cecile Hunt, fourth from the right, is joined by Rawlco Radio on-air personalities, as well as representatives of the Victoria Hospital Foundation, at the end of the 6th Annual Give a Little Life radiothon fundraisers. The event, held in early December, raised almost $400,000 to assist in the purchase of new anesthetic machines for the Operating Rooms at Victoria Hospital.

Emergency Department wait times decline

The length of time patients wait in the Emergency Department for a bed has been under the 24 hour time frame identified by the Ministry of Health.

The creation of the Patient Care Coordination Unit has been part of to the success in reducing wait times. The unit contains staff on an Acute Care Access Team as well as Patient Care Coordinators. When a patient is a potential admission, nursing staff in the Emergency Room determine whether or not there is a risk to going home again by utilizing a risk assessment tool. The result of a risk score indicating potential problems returning home creates a referral to the Acute Care Access Team. The team meets with the patient and caregivers to determine a discharge date should that is based on the most prevalent diagnosis. This date is communicated to the family and caregivers along with potential solutions and how those solutions might be achieved. The patient then follows either a nursing discharge stream where nursing staff on the floor follow the patient home, or, a Patient Care Coordinator is assigned to the patient and follows that patient through their entire stay. Nursing referrals for discharge are for those that are relatively uncomplicated admissions with little barrier to returning home again.

Patient Care Coordinator referrals generally require the patient and caregivers having a more complex follow-through in order to successfully return home.

Results of the Patient Care Coordination Unit are increased movement through the Victoria Hospital, in particular Sixth floor, the medical unit that generally had very few discharges. The average length of stay has decreased from 2010-11 to 2011-12 by 29 per cent, admissions and discharges have increased by 48 per cent and 31 per cent respectively indicative of better flow through the hospital stay for patients and a return to community or long term care. (Source: Prince Albert Parkland Health Region, Finance Statistics, March 31, 2012)

More direct admissions to Sixth floor means less movement for patients throughout the hospital. The patients are received on the floor and remain there for the duration of their care.

Another measure utilized to determine how well the Patient Care Coordination Unit is performing is the measure of Estimated Length of Stay (ELOS) compared to Actual Length of Stay. Preliminary data is encouraging. The baseline measure for the team prior to the unit being active was April to June 2011, where there were 641 days exceeding ELOS. Following the unit being active the data for July to October 2011, there were a total of 468 days exceeded ELOS. The unit continues to determine effectiveness of reaching targeted discharge dates with patients.

Another initiative for the Victoria Hospital has been the introduction of the D minus system. This is a system originally introduced in Regina Qu'Appelle Health Region. Each of the floors has a ward board that identifies three days prior to discharge whether or not a patient is at green (no barriers to discharge), yellow (a few items remaining for dis-

charge), or, red (major concerns with discharge) using the symbol D3. This visual allows the nurse in charge and nursing teams caring for the patient along with the Patient Care Coordinator to address the barriers to meet the target discharge date. The D3 counts down to D day where the symbol has turned green and the discharge is successful.

Discharges home can prove quite difficult for the elderly and those with chronic health conditions that often are multiple. A discharge planning tool continues to be refined within Prince Albert Parkland Health Region in order to remove some of these barriers and prevent readmissions so that those receiving the patients in their community settings are aware of the plans and treatments received for management at home.

The Region utilized a discharge Lean event in order to determine the tool and has now been on the provincial discharge Lean event to work on a provincial tool. The result is a better understanding from stakeholders and partners in care of the issues around attending appointments, transportation, acquiring supplies, financial burdens, etc that may affect the outcomes for better health.

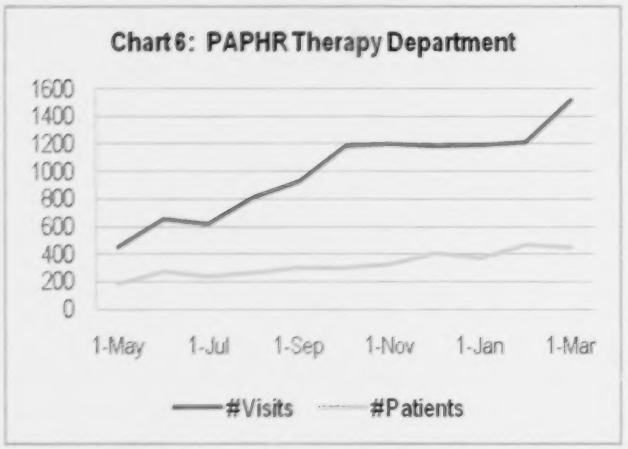
The Region has reduced from an average of 15 people waiting placement in acute care beds to an average of 10 since the inception of the Patient Care Coordination Unit. Dedicated Home Care resources have been assigned to perform assessments in acute care once the person is past their acute care episode and is unable to return home.

Regional 2011-12 Targets

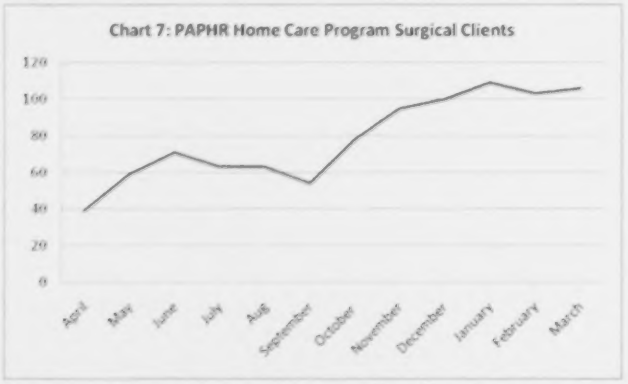
The Multi-Disciplinary Clinic was a direct result of the Region's involvement in the introduction of the Hip and Knee Pathway for the province. The pathway sees patients who may require hip or knee replacement and have a family physician complete a General Practitioner Tool which is then referred to the clinic.

The clinic includes a Registered Nurse, physiotherapist and consulting orthopedic surgeon. Once in the clinic the patient receives an assessment to determine requirement for surgery. If surgery is required the patient is booked and receives surgery within six weeks. The clinic has proven successful with 126 people assessed in 2011-2012, 45 per cent of those assessed required surgery.

The Region completed 5,242 surgeries, exceeding the target for inpatient surgeries but not meeting the target for day surgeries (Saskatchewan Surgical Initiative's overall target was 5,400 surgical cases in 2011-2012). The region completed 279 hip/knee surgeries exceeding the target. (Source: MSB Physician Claims data based on date of payment, May 15, 2012). The missed target is a result of the fourth operating room not up and running for an entire fiscal year and the examination requirements for anesthetists and surgeons.



Source: 2011-12 Surgical, Therapies Department, Prince Albert Parkland Health Region, March 31, 2012



Source: 2011-12 Surgical clients, Home Care Report to Ministry of Health, Supportive Services Branch, March 31, 2012.

The affect of increased surgical volume on Therapies and Home Care has been remarkable.

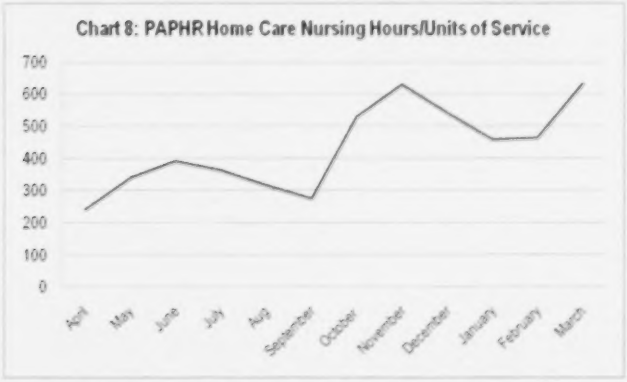
Therapies (Chart 6) has increased volume by 125 per cent for surgical visits and by 215 per cent for the number of surgical patients. This has, in part, been offset by additional surgical funding from the Saskatchewan Surgical Initiative.

The effect of opening the fourth operating room in August of 2011 can be seen by the dramatic increase in number of clients (Chart 7) and hours of nursing service (Chart 8, Page 19) for the Region's Home Care program. This has, in part, been offset by additional surgical funding from the Saskatchewan Surgical Initiative.

Primary Care

Throughout 2011-2012, emphasis was placed on Primary Care Redesign initiatives both at a provincial and regional level. Two structured consultations were held in September, one in Big River and one in Spiritwood. Municipal and First Nations leadership attended and the focus was on a proposal to extend the hours of service at the primary care clinics.

This was in response to community requests to have increased access to afterhours care for clients with minor acute conditions who cannot be accommodated during the regular clinic hours.



Source: 2011-12 Surgical clients, Home Care Report to Ministry of Health, Supportive Services Branch, March 31, 2012.

As a result of the consultation, the region attempted to recruit additional positions for nurse practitioners for Big River but without success. The expansion was not pursued in Spiritwood during 2011-12 as the recruitment of two physicians was pending. Upon their arrival, this option will be pursued. Physicians from Prince Albert continued to serve Big River and Spiritwood using an itinerant model.

The departure of four physicians from Shellbrook in August 2011 resulted in the need for the Region to begin to operate a primary care clinic to maintain access in that community. Again, the itinerant model was used and a nurse practitioner was allocated to that site. The Region established partnerships with the community and the local pharmacy to rent the clinic area and employ the present staff.

The Region submitted plans to the Ministry in relation to the Primary Care Redesign process underway. The plans included expansion in the area of chronic disease access throughout the region and further service to First Nations communities.

Mental Health

The demolition of Crean Villa to make room for the construction of the Family Treatment Centre resulted in access to fewer acute psychiatric beds throughout this year. The Region continued to operate the 10-bed secure area for children and youth on the Kingsmere Villa with 20 beds for adults.

There continues to be challenges with the management of a number of complex longer term psychiatric patients who cannot be accommodated in a group home or community settings. Admissions to the unit from this cohort of patients have at times restricted access to those requiring shorter term acute psychiatric interventions.

Safety a priority

Falls prevention is a regional initiative that has been primarily focused in the long-term care facilities. Prevention of falls which may result in injuries and injuries requiring surgery is a provincial concern. The Region has met the goal to have the remaining 50 per cent of long-term care facilities implement the Fall Prevention bundle by March 31, 2012.

The Falls Prevention Program for Long-term Care determines who is at risk for a fall in facilities, how to respectfully identify those at risk, and, the measures required to prevent and avoid injury as a result of a fall. In tandem with this is the requirement that people are not subject to increasing physical restraints to avoid falls. Physical restraint increases risk for falls, strangulation, and adds to frustration and confusion for residents.

Data from the Ministry of Health Supportive Services Branch shows that the percentage of residents experiencing a fall in 2011-2012 was 36 per cent.

An important counter measure is restraint use in long-term care facilities. Prince Albert Parkland met its target of less than 20 per cent for total residents. This is lower than the provincial rate of 21 per cent of residents. (Source: Prevalence of Daily Restraints Quality Indicator, MDS Data Mart Ministry of Health, Prince Albert Parkland Health Region data, May 15, 2012)

Safer Healthcare Now!, the flagship program of the Canadian Patient Safety Institute, invests in frontline providers and the delivery system to improve the safety of patient care throughout Canada by implementing interventions known to reduce

avoidable harm. (Safer Healthcare Now!, Retrieved May 15, 2012, http://www.saferhealthcarenow.ca/EN/Pages/default.aspx)

The Surgical Safety Checklist is a tool utilized by the Canadian Patient Safety Institute to reduce avoidable harm such as operating on the wrong site, or the wrong patient. The Region has fully implemented two of the three steps in the checklist. The first step remains a challenge.

The first step requires a surgeon led presence outside of the operating rooms with the patient and the team to ensure steps are taken to identify the operative site, patient, equipment required, etc. The surgeons in the Region, without surgical residents, generally leave the operating room between cases to address issues that may require their attention in the rest of the building. The practice is being reviewed by the surgeons and anesthetists, in conjunction with the Ministry of Health, to determine the safest procedure for the patient. However, until the Region fully implements all three steps of the process, it will not have met the target.

Goal 2: Empower individuals and communities to achieve their optimal health status

As discussed as part of the RHA Overview, Prince Albert Parkland has a number of challenges (Table 4, Page 12) related to health status of the population. High rates of obesity, abuse of tobacco and alcohol, lack of physical activity and unhealthy diets contribute to a population that has above-average rates for a variety of chronic illnesses—and many individuals who have more than one chronic condition.

The result is that the population has fewer people who report their own health status as being either excellent or very good (Table 5) when compared to the rest of Saskatchewan. While the Region's residents report a slightly higher rate of excellent or very good mental health, there is a slightly high rate of stress most days.

Another health challenge for Prince Albert Parkland, much like the rest of Saskatchewan, is a high rate of injuries. This includes both injuries limiting activity and injuries that result in hospitalization.

The Region is working with communities to identify opportunities to enhance both health care services as well as the population's health. The Primary Care Community Advisory Committees, centred around primary health care teams in Birch Hills, Hafford/Blaine Lake, Spiritwood, Big River and Candle Lake, identify health care needs and opportunities to promote healthy lifestyles.

This includes working with local organizations and municipalities. It has led the development of a community garden and community kitchen, the promotion of physical activity, and road signage improvements.

Table 5: Health Status Indicators

	PAPHR	Sask.
Population 12 years and older who reported perceiving their own health status as being either excellent or very good. (%)	55.0	58.1
Population 12 years and older who reported perceiving their own mental health status as being either excellent or very good. (%)	73.3	71.5
Population 15 years and older who reported perceiving that most days in their life were quite a bit or extremely stressful. (%)	20.4	19.2
Injuries within the past 12 months causing limitation of normal activities (%)	15.3	16.3
Age-standardized rate of injury hospitalization per 100,000 population.	892	784
Age-standardized rate of hospitalization in a general hospital due to deliberate self-injury per 100,000 population.	101	70

Canadian Community Health Survey, 2009/10

To address the rates of illness and overall health of the population, the Region works with a variety of community partners, including a Regional Intersectoral Committee that is focused on promoting healthier lifestyles across a variety of areas—from health-care to education to social services.

For Prince Albert Parkland, there are two significant trends in the health of the younger population that are a focus—immunization rates and dental health.

Immunization coverage rates provide information on the extent to which preventive measures are in place and being utilized to control life-threatening diseases. However, the percentage of the eligible population receiving immunization reflects more than access to, and availability of appropriate health care. The decision on whether or not individuals/families receive an immunization can be influenced by socio-cultural condi-

Early start on reading
In celebration of International Literacy Day, Sept. 8, 2011, Sara Almightyvoice and Clayton Keenatch received a special package of books and ideas to encourage family reading. Sara and Clayton welcomed twin daughters Mylie, right, and Kylie into their family. This package of books and resources was assembledwith the support of Prince Albert Parkland Health Region Public Health, the Cuelenaere Library and the Family Reading Program of Prince Albert Literacy Network.

tions, educational attainment, and the economic environment. The return of consents for immunization is frequently a barrier for the school-based program. Low literacy levels and transportation in some neighbourhoods may be a factor in this as well.

Prince Albert Parkland demonstrated a coverage rate of about 59 per cent for the 2009-2010 fiscal year (most recent complete data available from Saskatchewan Management Immunization System (SIMS)) for the two-year-old cohort. This is a decrease over the previous year.

A limitation of the coverage rates extracted from the SIMS is a lack of information on First Nations children who are immunized in their First Nations communities. Immunizations that occur off reserve are captured in SIMS, but not immunizations provided by First Nations Health programs. The majority of these immunizations apply to children younger than school age, and are not available. For this reason, children who are mobile from one RHA to the next or between RHAs and First Nations communities may influence regional coverage rates. There are discussions underway to integrate immunizations delivered on reserve by First Nations agencies into SIMS. However, the RHA recognizes that there is still work required to ensure there is adequate access to public health services, and better understanding of the value of immunizations.

Children's dental health

One of the priorities of the Saskatchewan Surgical Initiative is improving children's oral health and reducing the need for children's dental surgery. This was one of the priorities of the 2011-12 Strategic and Operational Directions for the Health System.

To help meet this goal, funding was allocated for Enhanced Preventive Dental Services Initiative for Health Regions, including a dental sealant program. The program focused on disease prevention and health promotion and targeted early childhood tooth decay in at risk populations. The enhanced services will include oral health assessments, referral and follow up, fluoride varnish and dental sealants.

The number of cavity-free Grade One students appears to have decreased from a high point of 42.9 per cent in 1998-99, to the recent low value of 26.6 per cent in 2008-09 (most recent data available). Approximately three quarters of Grade One students had cavities in 2008-09, a significant increase from 2003-04. (PAPHR Dental Screening Report) Twenty-five schools in the Region where students were identified as having poor dental health were targeted for the program for Grade 1 students only.

With challenges to recruit to a temporary position, the Prince Albert Parkland used existing resources to supplement efforts to deliver this program in partnership with the Prince Albert Co-operative Health Centre.

Provincial HIV strategy

The Region, with targeted funding from the provincial government, hired an began HIV Coordinator in June 2011. The position is one of five positions funded by the province to assist with the implementation of the Provincial HIV Strategy. Saskatchewan and the Region have seen increasing HIV infection rates (Chart 1, Page 13).

In addition to the coordinator position, the Region is providing funding to the Horizontal Housing Project. Funding has also been allocated to assist with client transportation, which is a challenge for these clients who are often marginalized.

Prince Albert Parkland staff are also involved with training and assistance to First Nations communities to provide onsite Point-of-Care testing. This increased access has resulted in the identification of more HIV positive cases. Follow up and care to these clients remains a challenge that needs to be addressed in a planned way. Part of the provincial strategy involves increasing the number of sites in the Region where point-of-care testing for HIV is provided.

The Methadone Maintenance Therapy Program in Prince Albert is provided by the Prince Albert Co-operative Health Centre through a partnership with the RHA and the Ministry of Health. Currently the program has an active caseload of about 310 clients, and there are requests for more service that cannot be accommodated due to limited capacity. The opening of the brief and social detox centre in Prince Albert has resulted in more requests for admission to the program.

There are three main components required to keep the program running smoothly: doctors, case managers and pharmacists. The program goal is to help people leave opioid addictions such as dilaudid or morphine. Funding was received for an additional case management position at the Co-operative Health Centre which has increased the program capacity.

Ahtahkakoop Cree Nation began a Methadone program based from the Cree Haven treatment centre. This program is band operated with support from the physicians at the Co-operative Health Centere and a pharmacy in Prince Albert. Individuals from other nearby First Nations also access service at this program thereby lessening the travel required to Prince Albert for the daily receipt of Methadone.

Water quality concerns

In February 2012, the Region responded to concerns about the quality of the water being provided by the City of Prince Albert's water treatment plant. A broken valve inside the plant, which was undergoing major renovations at the time, resulted in untreated water getting into the distribution system for the City of Prince Albert and the Prince Albert Rural Water Utility. An initial Precautionary Boil Water Advisory was issued by the Ministry of Environment on February 3, 2012. Subsequent testing revealed the presence of giardia and cryptosporidium within the water supply, resulting in the Region's Medical Health Officer issuing an Emergency Boil Water Order on February 8, 2012.

The Region's Public Health Inspection Unit was directly involved in monitoring public facilities and providing advice to ensure the public was not exposed to the two parasites. There was additional monitoring and reporting of gastrointestinal inllness by medical clinics, pharmacies and the Victoria Hospital Emergency Department. During this period, one child tested positive for giardia, but it could not be definitively linked to the Prince Albert water supply.

The City of Prince Albert, under the supervision of the Ministry of Environment, made repairs and worked on flushing the distribution system.

After tests for giardia and cryptosporidium were negative, the Emergency Boil Water Order for the City of Prince Albert was lifted on March 16, 2012. The Emergency Boil Water Order for the Prince Albert Rural Water Utility was lifted on March 30, 2012.

While the situation with the City of Prince Albert's water supply did not result in widespread illness, it is an example of an event that can affect the health of the community that will require substantial inter-agency co-operation.

While the situation with the City of Prince Albert's water supply did not result in widespread illness, it is an example of an event that can affect the health of the community that will require substantial inter-agency co-operation.

Areas that have been identified for improvement include:

- updating provincial technical guidelines
- prepared communication materials for the public and involved agencies
- co-operation with medical clinics and pharmacies to monitor illnesses in the community
- Ensuring capacity within the RHA's facilities to provide a safe water supply.

Goal 3: Foster safe, quality and diverse environments

In order to deliver service to more than 2,000 people each day, the Prince Albert Parkland requires more than 2,700 employees who are committed to providing quality, safe health care for patients, long-term care residents and community clients.

The Region has been focused on a healthy workplace, to reduce sick time and work-related injuries, which also assist in reducing the need for overtime and other wage-driven premiums. While there has been success in reducing wage-driven premiums (Table 6), there has been mixed results for both sick time and Workers' Compensation Board lost-time claims and days.

One important step in addressing workplace injuries is to ensure all staff have the required safety training. A Lean review of the Region's hiring and orientation process resulted in a major revision to how new employees start work.

All new employees are now required to go through the orientation, including safety training such as WHMIS (Workplace Hazardous Materials Information System), TLR (Transferring, Lifting and Repositioning) and PART (Professional Assault Response Training). The orientation, which includes an online component prior to attending in-person sessions, means all new employees have received the required safety training prior to starting their regular duties.

In addition, the RHA has a workplace wellness strategy, which promotes healthy lifestyles both at work and at home. It includes site-specific initiatives through in*Motion*, as well as access to support from the Employee and Family Assistance Program.

Table 6: PAPRHA sick time, wage driven premiums and WCB lost-time claims and days

	2009-2010	2010-2011	2011-2012
Sick time hours[1]	169,187.42	153,592.97	164,020.91
Wage driven premium hours[1]	116,348.14	85,123.17	78,032.77
WCB lost time claims[2]	6.96	8.43	6.44
WCB lost time days[2]	312.67	321.57	231.06

1- Prince Albert Parkland RHA payroll data for fiscal years ending March 31st. Includes Mont St. Joseph
2-Ministry of Health, Workforce Planning Branch, number is per 100 full-time equivalents. 2011-2012 data is through Dec. 31st. Does not include Mont St. Joseph

Table 7: Employee Engagement Survey, Prince Albert Parkland RHA and Saskatchewan, 2011
(% favourable response)

Category	PAPHR	Sask.
Proud to tell others I work for this organization	77	70
Job Satisfaction	71	63
Work Environment	77	74
Performance Feedback	52	52
Professional Growth	72	66
Work / Life Balance	54	51
Information and Communication	53	45
Teamwork	63	61
Innovation	66	62
Patient and Family-Centered Care	70	65
Workplace Health and Safety	83	77
Immediate Management	65	59
Senior Leadership	47	44
Organizational Vision	46	42

SAHO Employee Engagement Survey, by Talent Map, 2011

Employee engagement

The Prince Albert Parkland Health Region participated in a provincial employee engagement survey conducted by Talent Map and coordinated by SAHO in early 2011, with the results available in the fall of 2011.

The surveys were primarily completed using an online survey tool; however, due to the number of staff who do not have regular access at work the Prince Albert Parkland Health Region provided paper copies for employees to fill out and submit directly to Talent Map.

Overall Engagement of Prince Albert Parkland is at or above Healthcare benchmark (Table 7); however the number of "Disengaged" staff falls far below which is good. Employee engagement is a heightened emotional and intellectual connection that an employee has for his/her job, organization, manager, or coworkers that, in turn, influences him/her to apply additional discretionary effort to his/her work.

The following are the six items that make up the Overall Engagement score. Of note, overall engagement is higher than benchmark and scores higher on all items, in particular employee willingness to "recommend my organization", as well as:

- I am proud to tell others I work for my organization
- I am optimistic about the future of my organization

- I would recommend my organization to a friend as a great place to work
- Willing to put a in great deal of effort beyond what normally expected to help organization be successful
- My job provides me with a sense of personal accomplishment
- Clear link between my work and my org's long-term direction

Generally a percentage of 70 or above is considered good, while in the 60s is acceptable and a lower than 60 would indicate the need to investigate further. The RHA is pleased with the overall results of the survey, but recognizes there is work to be done to ensure employees have a rewarding work life with Prince Albert Parkland Health Region. There are some statistically significant differences when snapshots of specific union affiliations, years of service, job title or specific program are made; however, the same theme areas for improvement are common among all of those that fall below the regional and provincial benchmark. Some of the areas that could be improved include:

- Organizational Vision scores lower relative to other scores and it has the largest impact on employee engagement.
- Immediate Management and Teamwork scored low. Immediate Management scores have a direct and measurable impact on engagement.
- Some job families (Communities and Physical Therapies) show higher than expected intent to leave.
- Employees under one year show a higher than expected intent to leave.
- Performance Management—only 38 per cent said Frequency of performance evaluation is right

The RHA has developed an action plan in response to the specific challenges that have been identified. This includes ensuring employees have feedback on their performance. It is also recognize that employees want a better understanding of the Region's overall goals and strategic priorities. This will help all employees understand how they contribute and that their work adds value for the people the Region serves. The action plan includes:

- Customer Service Training implementation in November, with plans to train all staff members over the next several months. This training, which focuses on the Region's value and understanding the needs of the Region's customers, could assist in better understanding the Vision and direction
- Senior Management worked at increasing visibility at all programs and facilities. This included attendance at regular staff meetings to answer specific questions regarding the organizational vision and strategic priorities.
- Human Resources is working with front-line managers to improve, and simplify where possible, the processes for employee performance reviews, and ensure annual reviews for all employees.

Recognizing excellence

The Prince Albert Parkland Regional Health Authority members sponsor the annual Health Excellence Awards, which recognize staff members, physicians and volunteers in eight categories. The recipients announced in May 2011 are: Above, back from left, Karen Kaptein (Quality of Work), Melissa Van Otterloo (Peer Support) and front, from left, Gerry Laird (Volunteer), Elizabeth Moar (Lifetime Achievement), Laura Beauchesne (Workplace Safety), and Maryanne King (Client Centred Approach); and below, Day Surgery Unit, Victoria Hospital (Team Approach).

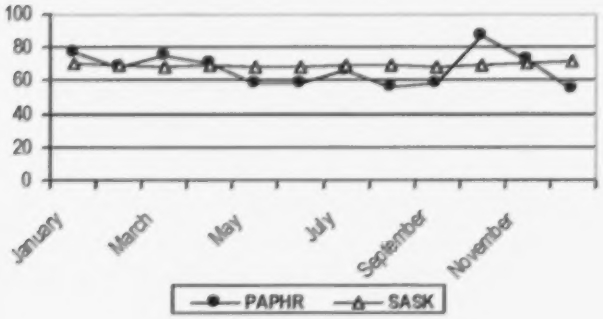
Goal 4: Sustain a regional health care system focused on accountability, effectiveness and excellence

This goal is aligned with the Strategic and Operational Directions pillars of Sustainability and Supportive Processes.

As part of this goal, the Region is focused on:

- Promoting a culture of Continuous Quality Improvement that utilizes customer focus and best practices
- Improving the quality, efficiency, and cost effectiveness of the health system by ensuring regional infrastructure (eg: facilities, equipment and technology) supports services across the continuum of care
- Commitment to public accountability and transparency
- Enhancing a culture of client confidence and trust through transparency and communication
- Collaborate with communities and key stakeholders (such as foundations, affiliates and community-based organizations) to support the achievement of the Region's strategic goals

Chart 9: Acute Care Patient Experience Survey Communication with Nurses PAPHR vs Sask 2011



The Region has undertaken several initiatives to address issues of quality, safety and the patient experience.

Prince Albert Parkland participates in a province-wide Acute Care Patient Experience Survey coordinated by the Saskatchewan Health Quality Council. Surveys are sent to a number of randomly selected patients by the Health Quality Council up to one month after they have been discharged from hospital.

The surveys include questions on a broad range of topics related to hospital care. The survey is intended to measure the quality of hospital care in order to identify areas of success and areas where there is room for improvement.

In 2011-2012, the Region focused on a specific set of customer satisfaction indicators, including Communication with Nurses. Communication with nurses has been identified by patients as an important aspect of hospital experience reflective of the quality of the hospital care. Percentage of patients who responded "Always" to the following questions:

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?

The Region saw variation in the results from January to December 2011, from a high of more than 87 per cent, to a low of less than 55 per cent. This is greater variability when compared to Saskatchewan as a whole (Chart 9). The Region is looking at a number of initiatives to improve these results, as well as improve the experience for all patients, long-term care residents and community clients.

Improving customer service

In November 2011, the Prince Albert Parkland Health Region rolled out a new program called *Compassion in Action*. This was a direct result of the province's Patient First Review in October 2009, which brought attention to the "Voice of the Customer." Soon after, the Ministry of Health included customer service goals within the Strategic and Operational Directions to address the issues raised by the people of Saskatchewan.

Prince Albert Parkland set out a plan to address the Ministry of Health goals and created a working group made up of front-line staff and managers from across the Region. With the assistance of a private consultant, *Compassion In Action* was developed as an initiative that would provide meaning to employees of the health region, while addressing the issue of customer service.

The program focuses on four of the eight values (listed on Page 4) of the Regional Health Authority: Service Excellence, Rewarding Work Life, Compassion and Collaboration, while incorporating the other four values within the overall framework of the program. The goal of the program is to inspire staff to move from providing good customer service to exceptional customer service by

finding purpose within the organizational values and putting them into action. *Compassion In Action* reinforces and acknowledges the hard work that is occurring every day within the Region and reminds staff that the patient is at the heart of the work that is being done. Therefore, by re-introducing the values that guide our staff, physicians and volunteers, they will be reminded to provide more patient and family-centred care that comes from the heart.

The program is a four-hour session that is mandatory for all new and current staff working in Prince Albert Parkland. The overall goal is to develop and nurture a culture where excellent and compassionate customer service is provided.

As of March 31, 2012, 50 per cent of health region staff have received the program. There has been physician involvement and interest with plans to offer the program to the physician group in the fall of 2012.

In addition to the Health Quality Council survey, Prince Albert Parkland designed a Client Experience Survey to be used throughout the region in all departments provided services to clients.

Two-thirds of program areas are using the Region's Client Experience Survey to listen to the voice of the customer. Of the departments that utilize the client experience survey tool, a total of 1,389 surveys were collected. The results to February 2012 are:

- How often did staff treat you with courtesy and respect? (Always = 87%)
- How often did the staff listen carefully to you? (Always = 83%)
- How often did the staff explain things in a way you could understand? (Always= 77%)
- Do you believe that PAPHR takes your safety seriously? (Yes = 75%)
- In general, did your health care providers introduce themselves to you on first contact? (Yes = 82%)
- Did you notice staff wash or disinfect their hands before caring for you? (Always= 43%)
- Do you feel that the staff listened and respected you as a partner in your care? (Yes = 81%)
- Did staff treat you in a friendly and courteous manner which respected your individual culture, beliefs and values? (Always = 82%)
- Do you feel that facts about your health and treatment plan were explained fully, clearly and in a useful way? (Always = 77%)

While examining the goal of improving the patient or client experience, the Region has also undertaken actions to examine specific programs to reduce inefficiencies and improve outcomes.

Quality improvement through Lean

The Region has been using Lean—a client/patient focused approach to evaluate the entire, end to end, delivery of service or patient care by using a simple strategy to focus on the elimination of waste, variation and work imbalance. Each activity creates value from the perspective of the client.

Lean Initiatives underway in the Region include:

- Surgical Value Stream
- Laboratory Value Stream
- Maintenance Value Stream
- Information Technology Value Stream
- Speech Language Pathology Value Stream
- Employee Health Safety & Wellness Value Stream
- Mental Health and Addictions Value Stream
- Health Records Value Stream
- Emergency Department Value Stream

Value stream mapping refers to the development of a high-level visual representation, from start to finish, of the process flow involved in delivering a desired outcome, service, or product (a "value stream") to customers.

Value stream mapping events produce two maps—a "current state" map of the targeted processes and a "future state" map of the desired process flow—and an implementation plan for future process-improvement activities. The value stream map helps people see not only waste but the source of the waste. This leads to targeting future improvement events on specific processes or process steps in the value stream to help move the agency towards its desired "future state" value stream map.

As part of the Lean approach, Kaizen events support efforts to eliminate waste by conducting an organized or planned rapid continuous improvement events. Waste is any activity that consumes time, space or resources but does not add value to the product, service or other deliverable as viewed from the perspective of the external customer or patient.

Speech Language Pathology (SLP) department was experiencing a wait list of approximately eight to 12 months. This was not meeting the cur-

rent standards for best practice. SLP put in an expression of interest for a Lean event and in February 2011 SLP began their Lean journey.

The value stream mapping event mapped from the time that the client is referred to the SLP program until the client is discharged. Both client flow and paper flow were mapped. The improvement goal was to reduce the Pediatric SLP wait list while maintaining a balance between clients on the wait list and those in active treatment and to reduce duplication and rework in the paperwork flow.

Parent room open at Victoria Hospital

The Victoria Hospital Foundation, along with the Ronald McDonald House Charities of Canada helped the Victoria Regional Hospital open a new parent room in the Pediatric Unit in February 2012. The new room is a private room that looks like a welcoming and comfortable living room where parents can go to unwind.

The current state value stream mapping event exposed a huge backlog of paperwork, disorganization in some parts of the work space, batching work, lack of standardization, un-needed steps, and undefined processes. The future state value stream mapping event illustrated an improved process.

To get to the future state, SLP began a series of Kaizen events to assist in increasing efficiency and decreasing wait time. They focused on standardization of processes and organizing their work space. The standardization resulted in reducing file duplication, setting up standard packets to send when a referral is received, updating brochures for parents, creating standard letters and standardizing contact practices.

The result of this improvement work includes:

- 100 per cent of the time acknowledgement letters/packets are sent within one week of referral. Prior to the department's improvement work, it could take up to four months to send out the letter/packet.
- Four to 11 hours per month are saved per SLP Therapist by standardizing communication letters. The time SLP spends on preparing communication letters to clients went from approximately 15 minutes per letter to four minutes per letter.
- Reorganizing work space increased efficiency. SLP can find frequently used items in five seconds or less. A Kaizen event utilizing the 5S tool assisted SLP in this improvement.

5S is a Lean tool that assists in organising the workplace to ensure what is needed is there every time it is required. It is about putting a system in place to ensure that everyone understands the standards for the team, and ensuring that those standards are maintained and improved. It is more than a good tidy. It involves action in five areas by sorting through, setting in place, shining and restoring to like new, standardizing so it becomes a clear expectation, and sustaining long after the improvement event. The benefits or results of a 5S event:

- Eliminates waste
- Reduces search time
- Opens up space
- Reduces equipment breakdowns
- Reduces training time
- Reduces Stress
- Improves Safety

The result of the 5S improvement work includes the elimination of the unused items resulting in finding frequently used items in five seconds or less.

Clinical Practice Redesign

Most office processes simply become habit over time, and rarely do organizations step back and think about why things are done in a certain way and how they can be improved. Even when it is known that there is room for improvement, the solution isn't always obvious. Saskatchewan's new Clinical Practice Redesign™ (CPR) initiative provides the tools and support to assess the demands on a practice, capacity, and priority areas for making improvements, within and between practices and other health care services (e.g.: specialists and laboratories).

Within the Prince Albert Parkland Health Region, most Primary Care Sites have begun track-

ing to gain a better understanding of their situation. Addictions Services, one of the early adopters, has used CPR to provide greater flexibility, while reducing non-urgent wait times.

Similar to Releasing Time to Care, CPR uses proven Quality Improvement methods, while taking advantage of the lessons learned by other clinics.

Shared Services

The Region is also working on other efforts to focus resources on patients, long-term care resident and community clients as well as sustainability of the health-care system. One of those is by working with other Region through shared services.

Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model.

By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of more than $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

INSIDE THE REGION
Immunization saves lives
ACAP's aim is smoother transitions for patients
Focusing on quality means always seeking to improve
Excellent work recognized
Orientation changing for new employees

The Regional Health Authority is focused on putting the patient first in all aspects of Prince Albert Parkland's programs and services. In addition to being accountable to the Minister of Health and the provincial government, the RHA is committed to transparency about its decision-making and actions.

The RHA board meeting materials are published online the day prior to each regular board meeting, and key decisions and information is highlighted in news releases following each meeting. The Region also publishes a newsletter (Inside the Region) six times annually, to provide information to the staff and public about programs and activities.

Management Report

May 23, 2012

PRINCE ALBERT PARKLANDHEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

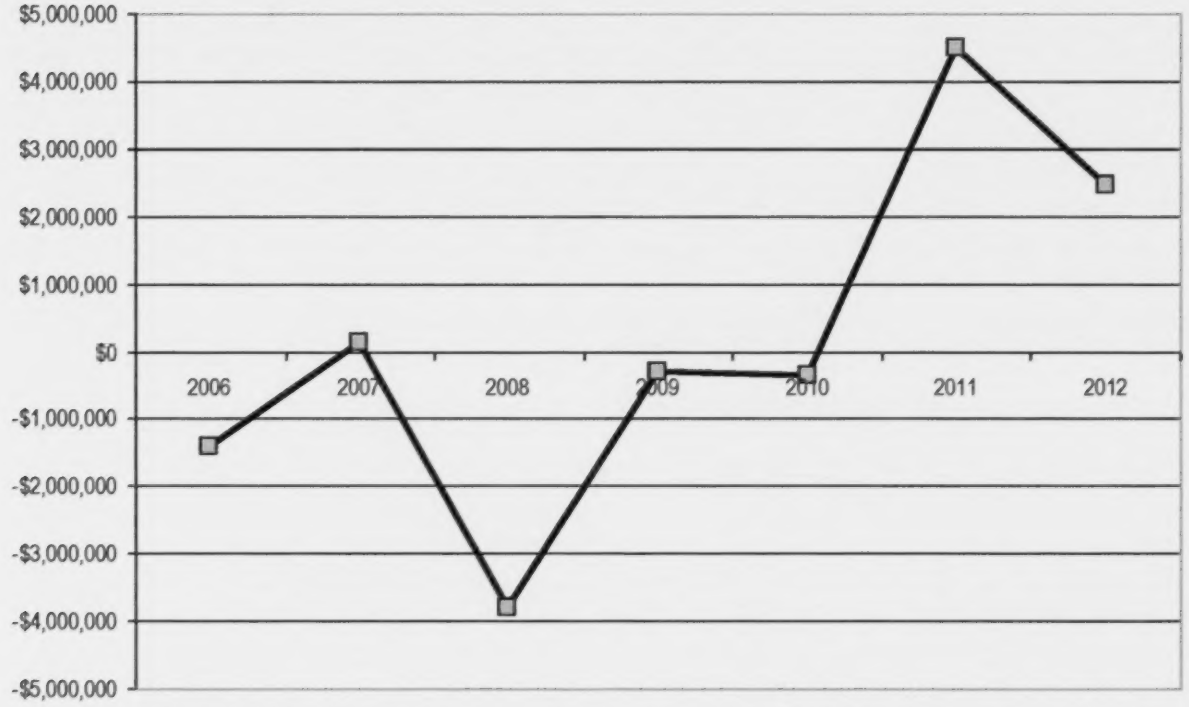
The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Chief Executive Officer

Chief Financial Officer/Vice-President Finance

Chart 10: Prince Albert Parkland RHA year-end operating results 2006-2012



Data from the Prince Albert Parkland RHA audited financial statements. Operating results are after required transfers from the operating fund to the capital fund for mortgages, energy performance contract loan and long-term care reserves.

The Prince Albert Parkland Regional Health Authority has seen a significant improvement in its financial status over the past three years. From running a deficit of close to $4 million in the 2007 -2008 fiscal year, the Region has recorded surpluses in each of the past two years. (Chart 10)

While the overall financial health of the organization is still challenged by several years of running deficits, the improvement is significant. The Region continues to have an accumulated operating fund deficit of more than $13.6 million (Statement 2, Page 38); however, that is an improvement from almost $15.3 million two years ago. This past fiscal year resulted in an operating surplus of $3,357,860. Following required transfers to the capital fund for mortgage payments, the energy performance contract loan and long-term facility reserves, the Region had a surplus of just over $2.54 million.

The board of directors designated $1,959,077 of the adjusted operating surplus to the RHA's capital fund.

There were a variety of reasons the RHA was able to record a surplus, with significant variances for both revenues and expenditures.

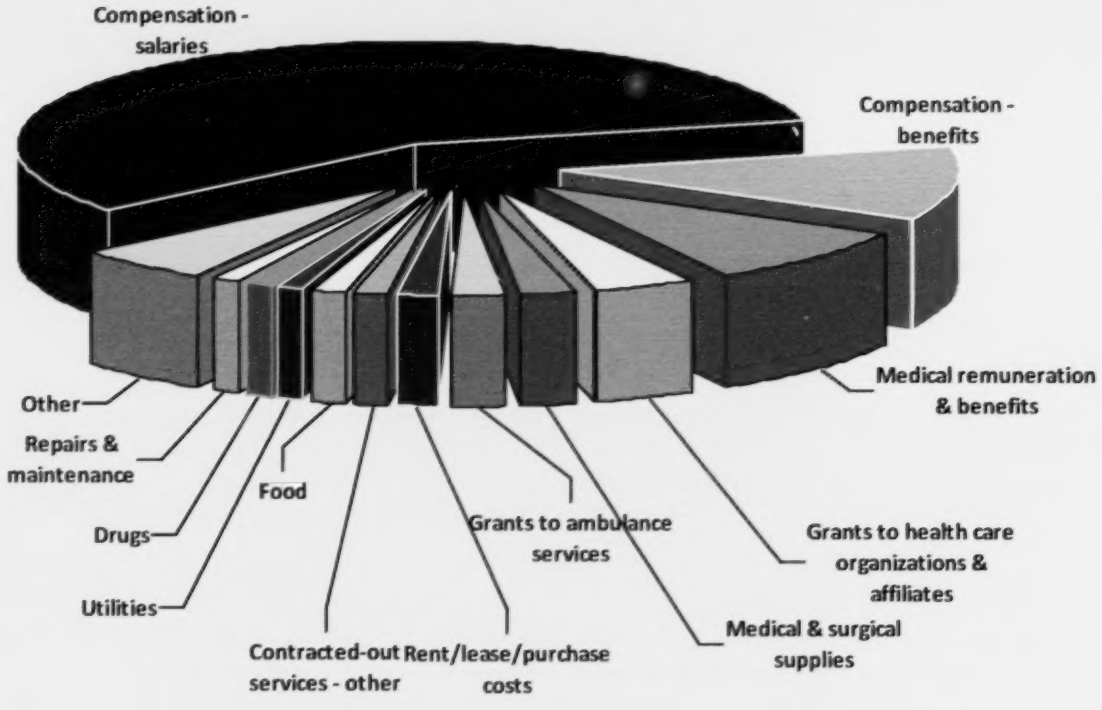
Ministry of Health Special Funding was over budget $4,584,050. The Region received funding in this category for Licensed Practical Nurse reclassification (the revenue was not included in the budget), the Health Sciences Association of Saskatchewan (HSAS) collective bargaining agreement, Saskatchewan Medical Association increases, and the operation of the Youth Treatment Centre for the entire fiscal year on a bi-weekly basis.

Other Fees and recoveries were over budget due to the North Sask Laundry surplus repayments.

The RHA also had some significant savings on the expenditure side. Although the HSAS collective agreement did result in un-budgeted expenditure (that were fully covered by additional Ministry of Health funding). Favourable expenditure variances include:

- The Shellbrook Hospital was under budget for the year due to a number of vacant nursing positions. Many staff members took temporary positions elsewhere with the change in services being provided at this site.
- Public Health Nursing showed a variance of expenses due to the omission of four full-time equivalents of Public Health Nurses from the

Chart 11: Prince Albert Parkland Regional Health Authority
2011-2012 Expenditure by Object Code
Complete breakdown in Schedule 1, Page 55



program's budget this year. This budgeting error was reported to the RHA board of directors in September 2011.

- Primary Care Services is under budget $411,828 year to date as previously explained the variance is mainly due to the expansions planned for Big River and Spiritwood which were budgeted to take place in the latter part of this fiscal year. This variance includes an over-expenditure in Shellbrook for the new clinic which was opened in August resulting in unbudgeted positions being required.
- Emergency Response Services are over budget due to increases in the HSAS collective bargaining agreement. Payments have been made to the Ambulance contractors this fiscal year for 2009-10, 2010-11 and the current year increases for their employees.
- Mental Health Inpatients was under budget due to the demolition of one Villa to make way for the new Family Treatment Centre.
- Administration is under budget due to vacancies in Human Resources, Finance and Information Technology.

The RHA debt obligations include mortgages for several long-term care facilities (Note 6, page 45), as well as a loan associated with energy performance contracting (Note 17, Page 53). Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. Details about the energy performance repayment are on Page 46.

The RHA has a number of leases, the bulk of which is space for a variety of programs in the City of Prince Albert, with the remainder being leased equipment. The obligation for 2012-2013 is $491,463, and declines each year for the next five years (Note 5, Page 44).

In summary, the 2011-2012 fiscal year resulted in an operating surplus of $3,357,860, of which $2,868,077 was transferred to capital. This result was similar to the previous fiscal year, overall leaving the Health Region in improved financial shape.

Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:

We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2012 and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian generally accepted accounting standards

Prince Albert, Saskatchewan

May 23, 2012

MNP LLP
Chartered Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873

MNP

Independent Auditor's Report

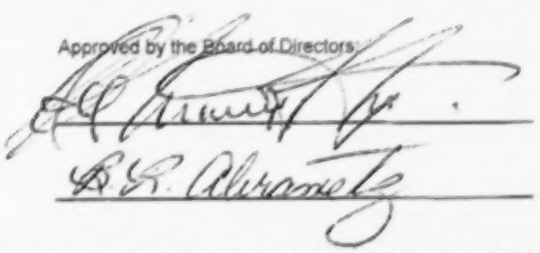
Audited Financial Statements

STATEMENT 1 **PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
STATEMENT OF FINANCIAL POSITION
As at March 31, 2012

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2012	Total 2011 (Note 11)
ASSETS					
Current assets					
Cash and short-term investments	$ 10,332,534	$ 21,261,721	$ 139,377	$ 31,733,632	$ 53,107,295
Accounts receivable					
Ministry of Health - General Revenue Fund	659,591	-	-	659,591	550,014
Other	1,635,797	1,765,801	330	3,401,928	2,260,816
Inventory	1,039,734	-	-	1,039,734	1,041,465
Prepaid expenses	961,278	-	-	961,278	654,722
	14,628,934	23,027,522	139,707	37,796,163	57,614,312
Long Term Receivables (Note 3)	-	-	694,723	694,723	694,723
Investments (Schedule 2)	-	-	33,025	33,025	679,576
Capital assets (Note 4)	-	72,396,078	-	72,396,078	57,910,226
Total Assets	$ 14,628,934	$ 95,423,600	$ 867,455	$110,919,989	$116,898,837
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 9,024,241	$ 3,367,911	$ -	$ 12,392,152	$ 10,588,324
Other Payable - Prince Albert Grand Council	180,848	-	-	180,848	2,596,810
Accrued salaries	2,131,527	-	-	2,131,527	6,379,516
Vacation payable	11,016,247	-	-	11,016,247	10,578,932
Bank Loan payable - Current (Note 6)	-	169,000	-	169,000	161,000
Mortgages payable – Current (Note 6)	-	470,553	-	470,553	442,198
Deferred Revenue (Note 7)	5,904,108	-	-	5,904,108	6,984,785
	28,256,971	4,007,464	-	32,264,435	37,731,565
Long term liabilities					
Bank Loan Payable (Note 6)	-	3,951,000	-	3,951,000	4,120,000
Mortgages payable (Note 6)	-	5,733,162	-	5,733,162	6,225,405
Total Liabilities	28,256,971	13,691,626	-	41,948,597	48,076,970
Fund Balances:					
Invested in capital assets	-	62,072,363	-	62,072,363	46,961,623
Externally restricted (Schedule 3)	-	14,738,574	867,455	15,606,029	31,498,455
Internally restricted (Schedule 4)	-	4,921,037	-	4,921,037	4,479,609
Unrestricted	(13,628,037)	-	-	(13,628,037)	(14,117,820)
Fund balances – (Statement 2)	(13,628,037)	81,731,974	867,455	68,971,392	68,821,867
Total Liabilities & Fund Balances	$ 14,628,934	$ 95,423,600	$ 867,455	$110,919,989	$116,898,837

Commitments (Note 5)
Asset Retirement Obligations (Note 5)
Pension Plan (Note 12)

Approved by the Board of Directors



The accompanying notes and schedules are part of these financial statements.

Audited Financial Statements

STATEMENT 2 PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
As at March 31, 2012

	Operating Fund		
	Budget 2012	2012	2011
			(Note 11)
REVENUES			
Ministry of Health - general	$ 187,433,131	$ 190,844,770	$ 179,861,952
Other provincial	1,815,245	2,037,627	2,894,353
Federal government	222,095	315,678	226,880
Patient & client fees	6,132,307	6,762,776	5,986,329
Out of province (reciprocal)	545,078	529,221	519,335
Out of country	12,500	125,872	11,126
Donations	53,000	113,463	99,474
Ancillary	1,109,664	1,084,040	1,125,682
Investment	300,000	324,319	333,013
Recoveries	3,433,366	3,746,294	3,631,934
Research grants	-	-	-
Other	79,894	571,224	216,365
Unrealized gain - financial instruments	-	-	-
Total revenues	**201,136,280**	**206,455,284**	**194,906,443**
EXPENSES			
Inpatient & resident services			
Nursing Administration	5,052,258	4,403,868	3,995,057
Acute	37,353,960	40,012,091	35,724,133
Supportive	31,500,139	32,565,341	31,044,731
Integrated	-	-	-
Rehabilitation	-	-	-
Mental health & addictions	5,663,529	4,553,365	4,568,292
Total inpatient & resident services	**79,569,886**	**81,534,665**	**75,332,213**
Physician compensation	**16,493,615**	**17,163,229**	**15,243,677**
Ambulatory care services	**11,583,739**	**11,555,551**	**10,474,705**
Diagnostic & therapeutic services	**17,530,052**	**17,407,941**	**16,218,678**
Community health services			
Primary health care	2,702,085	2,321,780	2,244,939
Home care	10,892,746	10,852,633	10,101,069
Mental health & addictions	11,472,741	10,306,405	10,865,118
Population health	5,800,454	6,289,423	5,769,718
Emergency response services	3,204,961	4,204,530	3,256,419
Other community services	445,377	404,785	375,258
Total community health services	**34,518,364**	**34,379,556**	**32,612,521**
Support services			
Program support	10,056,943	9,584,202	9,439,313
Operational support	29,459,275	30,636,909	29,240,939
Other support	476,177	366,764	370,657
Total support services	**39,992,395**	**40,587,875**	**39,050,909**
Ancillary	**430,873**	**468,607**	**469,172**
Total expenses (Schedule 1)	**200,118,924**	**203,097,424**	**189,401,875**
Excess (deficiency) of revenues over expenses	**$ 1,017,356**	**3,357,860**	**5,504,568**
Interfund transfers (Note 15)		(2,868,077)	(4,340,715)
Increase (decrease) in fund balances		**489,783**	**1,163,853**
Fund balances, beginning of year		(14,117,820)	(15,281,673)
Fund balances, end of year		$ (13,628,037)	$ (14,117,820)

STATEMENT 2 **PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
As at March 31, 2012

	Restricted			
	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011 (Note 11)
REVENUES				
Ministry of Health - general	$ -	$ -	$ -	$ 17,535,778
Other provincial	-	-	-	-
Federal government	283,336	-	283,336	282,781
Patient & client fees	-	-	-	-
Out of province (reciprocal)	-	-	-	-
Out of country	-	-	-	-
Donations	242,886	-	242,886	477,143
Ancillary	-	-	-	-
Investment	313,709	7,801	321,510	383,067
Recoveries	-	-	-	-
Research grants	-	-	-	-
Other	1,380,118	-	1,380,118	11,567
Unrealized gain - financial instruments	-	-	-	-
Total revenues	**2,220,049**	**7,801**	**2,227,850**	**18,690,336**
EXPENSES				
Inpatient & resident services				
Nursing Administration	34,803	-	34,803	-
Acute	1,907,312	-	1,907,312	3,340,633
Supportive	1,712,222	-	1,712,222	1,420,220
Integrated	-	-	-	-
Rehabilitation	-	-	-	-
Mental health & addictions	23,490	-	23,490	-
Total inpatient & resident services	**3,677,827**	**-**	**3,677,827**	**4,760,853**
Physician compensation	**687**	**-**	**687**	**-**
Ambulatory care services	**286,424**	**-**	**286,424**	**-**
Diagnostic & therapeutic services	**548,444**	**-**	**548,444**	**-**
Community health services				
Primary health care	3,668	-	3,668	45,736
Home care	16,406	-	16,406	21,898
Mental health & addictions	107,683	-	107,683	144,734
Population health	17,453	-	17,453	-
Emergency response services	8,904	-	8,904	175,140
Other community services	252	-	252	-
Total community health services	**154,366**	**-**	**154,366**	**387,508**
Support services				
Program support	92,777	-	92,777	107,289
Operational support	214,128	-	214,128	-
Other support	339,905	-	339,905	-
Total support services	**646,810**	**-**	**646,810**	**107,289**
Ancillary	**121,627**	**-**	**121,627**	**104,164**
Total expenses (Schedule 1)	**5,436,185**	**-**	**5,436,185**	**5,359,814**
Excess (deficiency) of revenues over expenses	**(3,216,136)**	**7,801**	**(3,208,335)**	**13,330,522**
Interfund transfers (Note 15)	3,522,626	(654,549)	2,868,077	4,340,715
Increase (decrease) in fund balances	**306,490**	**(646,748)**	**(340,258)**	**17,671,237**
Fund balances, beginning of year	81,425,484	1,514,203	82,939,687	65,268,450
Fund balances, end of year	$ 81,731,974	$ 867,455	$ 82,599,429	$ 82,939,687

STATEMENT 3 PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
As at March 31, 2012

	Operating Fund		Restricted Fund			
	2012	2011 (Note 11)	Capital Fund	Community Trust Fund	Total 2012	Total 2011 (Note 11)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 3,357,860	$ 5,504,568	$ (3,216,136)	$ 7,801	$ (3,208,335)	$ 13,330,522
Net change in non-cash working capital (Note 8)	(9,432,050)	3,000,341	2,370,531	2,520	2,373,051	(991,893)
Amortization of capital assets	-	-	4,670,956	-	4,670,956	4,678,797
Investment income on long-term investments	-	-	-	-	-	(14,744)
(Gain)/loss on disposal of capital assets	-	-	127,579	-	127,579	(24,683)
	(6,074,190)	8,504,909	3,952,930	10,321	3,963,251	16,977,999
Purchase of capital assets:						
Buildings/construction	-	-	(310,665)	-	(310,665)	(261,438)
Equipment	-	-	(1,895,975)	-	(1,895,975)	(1,328,219)
Construction In Progress	-	-	(17,079,746)	-	(17,079,746)	(4,082,896)
Proceeds on disposal of capital assets:						
Land and Leasehold improvements	-	-	-	-	-	24,683
Equipment	-	-	2,000	-	2,000	-
(Purchase) Disposal of long-term investment	-	-	-	646,551	646,551	-
	-	-	(19,284,386)	646,551	(18,637,835)	(5,647,870)
Repayment of debt	-	-	(624,888)	-	(624,888)	(596,799)
Net increase (decrease) in cash & short -term investments during the year	(6,074,190)	8,504,909	(15,956,344)	656,872	(15,299,472)	10,733,330
Cash & short term investments, beginning of year	19,274,801	15,110,607	33,695,440	137,054	33,832,494	18,758,449
Interfund transfers (Note 15)	(2,868,077)	(4,340,715)	3,522,626	(654,549)	2,868,077	4,340,715
Cash & short term investments, end of year (Schedule 2)	$ 10,332,534	$ 19,274,801	$ 21,261,722	$ 139,377	$ 21,401,099	$ 33,832,494

The accompanying notes and schedules are part of these financial statements.

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of *The Act*. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third Parties.

ii) The following affiliate is incorporated (and is a registered charity under the *Income Tax Act* of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under the *Income Tax Act*.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information on the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land improvements and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the pas-

sage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans, or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Long-Term Receivable

Community Trust:

The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2012	2011
Kinistino and District Health Foundation Inc.	$ 594,723	$ 594,723
Birch Hills and Area Health Care Foundation Inc.	100,000	100,000
	$ 694,723	$ 694,723

4. Capital Assets

	March 31, 2012			March 31, 2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 621,079	$ -	$ 621,079	$ 621,079
Land Improvements	1,496,859	877,493	619,366	473,065
Buildings	91,197,521	49,938,992	41,258,529	42,039,999
Equipment	33,928,235	26,254,307	7,673,928	8,227,933
Construction in progress	22,223,176	-	22,223,176	6,548,150
	$ 149,466,871	$ 77,070,793	$ 72,396,078	$ 57,910,226

5. Commitments

a) Capital Asset Acquisitions
At March 31, 2012, commitments for acquisition of capital assets were $938,762 (2011 - $277,940), commitments for the construction of capital projects were $14,521,787 (2011 - $0).

Operating Leases

Minimum annual payments under operating leases on property and equipment over the next 5 years are as follows:

2013	491,463
2014	433,113
2015	400,788
2016	400,122
2017	340,574

c) Asset Retirement Obligations

The RHA has identified asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

d) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2012. Note 10 b) provides supplementary information on Health Care Organizations.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2012	2011
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**$552,136**	$ 620,594
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**463,496**	493,573
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030.	**241,117**	246,381
Idylwild Lodge CMHC due June 1, 2020	4.69%	$122,699 principal & interest of which $33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**839,546**	921,080
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016.	**399,395**	436,642
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**33,096**	42,498
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**834,235**	902,433
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $27,255 forgivable at $1,553 per year over the life of the mortgage if regular payments are made. Mortgage renewal date – April 1, 2027.	**413,145**	427,725

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2012	Balance Outstanding 2011
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015.	**335,709**	363,397
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016.	**1,026,920**	1,077,306
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015.	**1,064,920**	1,135,974
			6,203,715	6,667,603
Less: Current portion			**470,553**	442,198
			$5,733,162	$6,225,405

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idyllwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2013	$ 470,553	2016	$ 555,002
2014	$ 500,813	2017	$ 590,786
2015	$ 523,237	2018 and subsequent	$ 3,563,324

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2012 was $4,120,000 (2011, $4,281,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

2013	$ 169,000	2016	$ 198,000
2014	$ 179,000	2017	$ 208,000
2015	$ 188,000	2017 and subsequent	$ 3,178,000

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	25,000	25,000	15,000	15,000
Autism Intervention Training	14,359	-	-	14,359
Autism Spectrum Disorders Services	485,730	74,244	71,500	482,986
Children's Mental Health	120,895	120,895	-	-
Cont. Education/Development	11,389	11,389	-	-
Dental Intiative	-	-	79,983	79,983
Epidemiological Monitoring	50,000	-	-	50,000
Family Treatment & Social Detox	98,118	-	-	98,118
Fetal Alcohol Spectrum Disorder	181	181	-	-
Healthy Workplace Action Strategy	20,992	18,274	-	2,718
Hemiplegia Education Event	2,230	2,057	-	173
HIV Strategy	526,000	267,697	240,500	498,803
Immunization Programs	118,283	22,196	21,420	117,507
Infection Control	148,011	25,102	55,813	178,722
Literacy Training Program	17,525	16,823	-	702
Mental Health Home Enhancements	167,143	92,291	168,150	243,002
Muskeg Lake	124,105	124,105	-	-
National Ambulatory Care System	20,000	-	-	20,000
Nursing Manager Compensation	164,135	164,135	-	-
Nursing Mentorship	139,588	178,462	120,947	82,073
Pandemic	92,504	23,496	-	69,008
Patient Family Centred Care	10,000	-	-	10,000
Picture Exchange	3,192	-	-	3,192
Pineview Youth Centre	-	-	112,056	112,056
Primary Care	260,275	6,483	20,000	273,792
A & D Initiatives	1,240,966	63,600	-	1,177,366
Quality Health Workplace	66,350	4,779	-	61,571
Recruitment Initiatives	150,000	-	-	150,000
Safe Needle Cleanup	57,993	51,808	22,000	28,185
Safety Training	47,729	-	-	47,729
Shared Decision Making	10,000	7,485	10,500	13,015
Surgical Initiatives	1,526,633	1,513,633	684,889	697,889
Virtual Falls Prevention	500	500	-	-
Total Sask Health	**$ 5,719,826**	**$ 2,814,635**	**$ 1,622,758**	**$ 4,527,949**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 258,777	$ 642,881	$ 817,052	$ 432,948
Cognitive Disabilities (Consultant)	55,043	111,944	90,323	33,422
Community Addictions	105,000	-	-	105,000
Corrections	248,385	235,281	270,000	283,104
Dental Program	-	1,100	104,600	103,500
Integrated Case Management Training	5,812	-	-	5,812
LEAN	110,745	18,204	-	92,541
Literacy Training Program	8,717	8,717	5,500	5,500
Nursing Recruitment	340,045	43,429	-	296,616
Releasing Time to Care	12,742	5,292	-	7,450
SAHSN	20,000	20,000	-	-
Other	99,694	102,787	13,360	10,267
Total Non Sask Health	**$ 1,264,960**	**$ 1,189,635**	**$ 1,300,835**	**$ 1,376,160**
Total Deferred Revenue	**$ 6,984,786**	**$ 4,004,270**	**$ 2,923,593**	**$ 5,904,109**

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
(Increase) Decrease in accounts receivable	$ (359,675)	$1,082,628	$(893,534)	$ 2,520	$ (891,014)	$ 284,356
(Increase) Decrease in inventory	1,731	78,929	-	-	-	-
(Increase) Decrease in prepaid expenses	(306,556)	295,954	-	-	-	-
(Increase) Decrease in financial instruments	-	-	-	-	-	-
Increase (Decrease) in accounts payable	(3,876,199)	4,376,634	3,264,065	-	3,264,065	(1,276,249)
Increase (Decrease) in accrued salaries	(4,247,989)	(6,290,710)	-	-	-	-
Increase (Decrease) in vacation payable	437,315	1,619,276	-	-	-	-
Increase (Decrease) in deferred revenue	(1,080,677)	1,837,630	-	-	-	-
	$(9,432,050)	$ 3,000,341	$2,370,531	$ 2,520	$ 2,373,051	$ (991,893)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012 was $129,174 (2011 - $134,598). These amounts are not reflected in the financial statements.

	2012	2011
Patient / resident	$ 97,782	$ 104,471
Leoville Union Hospital –Pre-amalgamation	$ 31,392	$ 30,127
	$ 129,174	$ 134,598

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

	2012	2011
Accounts Receivable		
Co-operative Health Centre	$ 31,560	$ 33,640
North Sask Laundry	46,734	8,072
eHealth Saskatchewan	544,526	583,819
WCB	145,929	95,194
SK Health Quality Council	46,711	-
	$ 815,460	$ 720,725
Accounts Payable		
eHealth Saskatchewan	$ 28,861	$ 26,271
Ministry of Government Services	53,267	52,793
North Sask Laundry	292,108	509,592
Prairie North Health Region	-	94,000
SAHO	627,277	577,722
Sask Energy	50,358	92,101
Sask Power	134,463	680
Sask Tel	27,836	16,196
SHEPP	1,185,420	1,083,413
WCB	1,152,851	844,251
	$ 3,552,441	$ 3,297,019
Revenues		
Co-operative Health Centre	$ 121,271	$ 93,473
North Sask Laundry	287,041	246,997
S.A.H.O. (Nursing Recruitment)	649,000	1,357,000
S.G.I.	757,432	944,613
WCB	320,269	250,256
eHealth Saskatchewan	216,996	188,147
SK Health Quality Council	46,711	3,017
	$ 2,398,720	$ 3,083,503

	2012	2011
Expenditures		
Canadian Mental Health	$ 296,296	$ 162,162
Ministry of Finance	138,389	111,231
Ministry of Government Services	751,063	757,553
North Sask Laundry	2,258,027	2,731,264
Prairie North Health Region	96,224	184,326
Public Employees Pension	365,375	332,137
S.A.H.O.	8,158,118	7,426,862
Sask Energy	494,632	704,456
Sask Mobility	120,651	137,786
Sask Power	1,210,784	1,231,462
Sask-Tel	307,457	364,128
SHEPP	15,967,839	14,142,181
WCB	2,085,969	1,734,113
eHealth Saskatchewan	245,095	108,681
	$ 32,495,919	$ 30,128,342
Pre-Paid Expenses		
eHealth Saskatchewan	$ 53,201	$ -
S.A.H.O.	125,940	-
WCB	472,269	407,423
	$ 651,410	$ 407,423

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2012	2011
Canadian Mental Health Association	$ 296,296	$ 162,162
Cooperative Health	372,533	328,074
Family Futures	46,940	48,551
M.L.C.N Elders Care Home Inc	-	250,000
Prince Albert Mobile Crisis Unit	79,308	71,239
Prince Albert Early Childhood Intervention	45,369	44,699
S.H.A.R.E.	547,810	523,820
Blaine Lake Ambulance	370,625	281,717
Parkland Ambulance	2,841,077	2,059,174
Spiritwood Ambulance	1,062,465	762,712
	$ 5,662,423	$ 4,532,148

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2012	2011
Mont St. Joseph Home Inc.	$7,710,882	$7,923,803

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2012 and 2011.

Mont. St. Joseph Home Inc.:

	2012	2011
Balance Sheet		
Assets	$ 669,238	$ 748,208
Net Capital Assets	9,524,006	9,814,312
Total Assets	$ 10,193,244	$ 10,562,520
Total Liabilities	$ 1,333,116	$ 1,375,270
Total Net Assets (Fund Balances)	8,860,128	9,187,250
	$ 10,193,244	$ 10,562,520
Results of Operations		
RHA Grant	$ 7,710,882	$ 7,923,803
Other Revenue	1,973,892	1,937,569
Total Revenue	$ 9,684,774	$ 9,861,372
Salaries & Benefits	$ 8,086,392	$ 8,118,596
Other Expenses*	$ 1,925,504	1,902,218
Total Expenses	$ 10,011,896	$ 10,020,814
Excess (deficiency) of revenues over expenses	$ (327,122)	$ (159,442)
*Other Expenses includes amortization of $450,761 (2011- $438,721)		
Cash Flows		
Cash from Operations	$ 11,027	$ 581,583
Cash used in Financing Activities	(2,760)	(2,555)
Cash used in Investing Activities	(160,455)	(129,284)
Increase (decrease) in cash	$ (152,188)	$ 449,744

*Cash used in investing activities includes capital purchases of $160,455 (2011 - $129,284)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $571,109 (2011-$493,890) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $198,515 (2011 - $303,268) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2012 and 2011 are as follows:

Victoria Hospital Foundation

Balance Sheet	2012	2011
Total Assets	$ 872,973	$ 762,430
Total Liabilities	75,516	213,531
Total Net Assets (Fund Balances)	797,457	548,899
	$ 872,973	$ 762,430
Results of Operations		
Total Revenue	684,628	559,340
Salaries & Benefits	152,321	177,862
Other Expenses*	283,749	383,564
Total Expenses*	436,070	561,426
Excess (deficiency) of revenues over expenses	$ 248,558	$ (2,086)

*Total Expenses include contributions of $198,515 (2011 - $303,268) to the Regional Health Authority and amortization of $1872 (2011 - $2,652)

Cash Flows		
Cash From Operations	$ 106,042	$ 139,546
Cash Used in Financing Activity		
Cash Used in Investing Activity*	-	-
Increase (decrease) in cash	$ 106,042	$ 139,546

*Investing Activities includes capital purchases of $0 (2011 - $0)

11. Comparative Information

Certain 2011 balances have been reclassified to conform to the current year's presentation.

12. Pension Plan

Employees of the RHA participate in one of the following pension plans:

a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

b) Public Service Superannuation Plan (PSSP)(a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

c) Public Employees' Pension Plan(PEPP) (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2012				2011
	SHEPP**	PSSP	PEPP	Total	Total
Number of active members	2,032	1	32	2,065	2,028
Member contribution rate, percentage of salary	7.7-10%*	7-9%*	5-7%*		
RHA contributions rate, percentage of salary	8.63-11.20%*	28.63-36.81%*	5-7%*		
Member contributions (thousands of dollars)	7,533	4	165	7,702	6,832
RHA contributions (thousands of dollars)	8,437	19	167	8,623	7,652

* Contribution rate varies based on employee group.
** Active members are employees of the RHA, including those on leave of absense as of March 24, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

SHEPP had a contribution increase that affected both the members and the RHA in 2012.

13. Budget

The RHA Board approved the 2011-2012 budget plan on May 18, 2011.

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $6,518,548 (2011 - $7,049,486) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d. Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2011 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2012 was $0 (2011 - $15).

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2012			2011		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	-	-	-	-	-
SHC reserves	(24,588)	24,588	-	(91,506)	91,506	-
Family Treatment Ctr Funding	-	-	-	(1,668,000)	1,668,000	
Energy Performance Loan	(363,000)	363,000		(396,000)	396,000	
Mortgage payments	(521,355)	521,355	-	(521,355)	521,355	-
Other	(1,959,134)	2,613,683	(654,549)	(1,663,854)	1,663,854	-
	$ (2,868,077)	$ 3,522,626	$ (654,549)	$ (4,340,715)	$ 4,340,715	$ -

16. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. June 1st, 2010 the Prince Albert Parkland Regional Health Authority entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

18. Natural Gas Supply Contracts

The Prince Albert Parkland Regional Health Authority has entered into natural gas supply contracts. Gas contracts in place for the Victoria Hospital for the period November 1st, 2010 to October 31st, 2012 guarantee pricing at $4.99/gigajoule. Gas contracts in place for all other facilities for the period November 1st, 2011 to October 31st, 2013 guarantee pricing at $4.85/gigajoule.

19. Collective Agreements

The HSAS contract is in effect until March 31, 2013. The SUN contract was in effect until March 31, 2012. The CUPE contract was in effect until March 31, 2012.

20. Future Accounting Changes:

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change is cannot be determined at this time.

21. Pay for Performance

Effective April 1st, 2011 a pay for performance compensation plan was introduced. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31st, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of the base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31st, 2012 because information required to assess senior management's performance is not yet available. The performance adjustments for the year 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

SCHEDULE 1 **PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2012

	Budget 2012	Actual 2012	Actual 2011 (Note 11)
Operating:			
Advertising & public relations	112,091	81,483	90,980
Board costs	125,870	102,603	68,864
Compensation - benefits	23,823,144	23,190,950	21,512,065
Compensation - salaries	116,209,955	116,807,056	109,236,572
Continuing education fees & materials	324,616	322,371	419,015
Contracted-out services - other	3,043,266	3,297,072	3,203,891
Diagnostic imaging supplies	115,745	120,758	98,990
Dietary supplies	214,336	229,482	225,226
Drugs	2,691,793	2,224,002	2,483,819
Food	2,387,587	2,495,040	2,277,164
Grants to ambulance services	3,045,870	4,042,330	3,157,759
Grants to health care organizations & affiliates	8,307,396	8,519,530	8,902,337
Housekeeping & laundry supplies	1,395,663	1,246,781	1,363,897
Information technology contracts	250,252	213,696	519,258
Insurance	314,956	326,379	327,156
Interest	23,360	37,580	21,236
Laboratory supplies	1,130,966	1,157,404	1,154,233
Medical & surgical supplies	3,985,896	4,889,858	3,725,462
Medical remuneration & benefits	17,152,341	18,325,274	16,141,900
Meetings	35,239	53,431	46,867
Office supplies & other office costs	784,954	751,613	683,045
Other	264,217	157,312	219,983
Professional fees	808,154	768,326	846,488
Prosthetics	1,034,113	1,382,164	1,006,314
Purchased salaries	1,473,936	1,712,031	1,534,317
Rent/lease/purchase costs	3,286,672	3,366,994	2,988,065
Repairs & maintenance	1,948,370	2,157,929	1,905,062
Supplies - other	1,012,507	1,136,464	928,965
Therapeutic supplies	127,931	103,810	100,141
Travel	1,811,334	1,504,843	1,547,395
Utilities	2,876,394	2,372,857	2,665,409
Total Operating Expenses	200,118,924	203,097,424	189,401,875
Restricted:			
Amortization		$ 4,670,956	$ 4,678,797
Loss/(Gain) on disposal of fixed assets		127,579	(24,683)
Mortgage interest expense		314,461	335,057
Other		323,189	370,643
		$ 5,436,185	$ 5,359,814

SCHEDULE 2 PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2012

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 4,948,586			
CIBC - GIC	4,000,000	9/24/2012	1.92%	
RBC - Prince Albert	19,422			
Manulife Inv. Savings Account	2,142,566			
RBC Inv. Savings Account	2,500,330			
RBC Cash	102			
RES Toronto Dominion Bank	2,263,279	11/1/2012	1.90%	
Shellbrook Credit Union	11,636	4/5/2012	1.66%	
Shellbrook Credit Union	15,452	9/18/2012	1.70%	
Shellbrook Credit Union	133,962	3/29/2013	0.80%	
Shellbrook Credit Union	163,309	6/1/2012	1.35%	
Shellbrook Credit Union	63,902	2/20/2013	2.25%	
Shellbrook Credit Union	60,204	3/14/2015	1.40%	
Shellbrook Credit Union	98,198	3/14/2015	1.30%	
Shellbrook Credit Union	60,268	5/7/2013	1.65%	
Shellbrook Scotia Bank	33,452	8/25/2012	3.32%	
Shellbrook Scotia Bank Cash	10,005			
Shellbrook Credit Union Cash	7,656			
Renaissance Savings Account	4,868,769			
Total Cash & Short Term Investments	$ 21,401,098			
Long Term				
Shellbrook Credit Union	33,025			
Total Long Term Investments	$ 33,025			
Total Restricted Investments	**$ 21,434,123**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 11,285			
C.I.B.C. - Prince Albert, Sk	3,721,230			
Shellbrook Credit Union	27,247			
Marcelin Credit Union	31,870			
Leoville Credit Union	276			
Scotiabank (Kinistino)	56,901			
Spiritwood Credit Union	31,531			
CIBC - Wood Gundy Equity	188,582			
RBC - PRN	3,452,156	3/11/2013	3.00%	
Renaissance Savings Account	2,811,456			
Total Cash & Short Term Investments	$ 10,332,534			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	**$ 10,332,534**			
Total Investments	**$ 31,766,657**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 31,733,632			
Total Long Term	33,025			
Total Investments	**$ 31,766,657**			

*Restricted Investments consist of:
- Community generated funds trasnferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

SCHEDULE 3 **PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2012

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Kinistino and District Health Foundation Inc.	$ 594,723	$ -	$ -	$ -	$ -	$ 594,723
Birch Hills and Area Health Care Foundation Inc.	100,000	-	-	-	-	100,000
Shellbrook Union Hospital Board	649,822	4,727	-	-	(654,549)	-
Agnew Estate	32,785	570	-	-	-	33,355
Prince Albert Parkland Regional Health Authority	136,873	2,504	-	-	-	139,377
Total Community Trust Fund	**$ 1,514,203**	**$ 7,801**	**$ -**	**$ -**	**$ (654,549)**	**$ 867,455**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Family Treatment Center	$ 9,810,856	$ 86,978	$ -	$ -	$ (4,923,306)	$ 4,974,528
Pineview Terrace / Shellbrook Integrated Facility	14,412,053	2,168,249	-	-	(9,736,635)	6,843,667
Block Funding	3,542,772	31,408	-	-	(785,928)	2,788,252
Surgical Initiatives	611,000	5,417	-	-	(556,091)	60,326
Capital Equipment	1,607,571	14,252	-	-	(1,550,022)	71,801
Total Capital Fund	**$29,984,252**	**$ 2,306,304**	**$ -**	**$ -**	**$(17,551,982)**	**$14,738,574**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$31,498,455**	**$ 2,314,105**	**$ -**	**$ -**	**$(18,206,531)**	**$15,606,029**

SCHEDULE 4 **PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2012

	Balance, beginning of year	Investment income allcoated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
SHC Replacement Reserves						
Birchview Home	$ 8,344	$ 45	$ 5,075	$ -	$ -	$ 13,464
Hafford Special Care Centre	8,600	96	4,250	-	-	12,946
Herb Bassett Home	344,871	3,529	49,740	(17,223)	-	380,917
Idlwild Lodge	19,102	182	10,000	-	-	29,284
Jubilee Lodge	40,033	349	17,600	(44)	(33,583)	24,355
Jubilee Units	137,106	1,394	-	(47,188)	-	91,312
Lakewood Lodge	81,415	756	9,100	(13,705)	-	77,566
Parkland Terrace	98,829	1,048	-	(9,002)	-	90,875
Wheatland Lodge	41,499	416	7,750	-	-	49,665
Whispering Pine Place	48,605	448	8,235	-	-	57,288
Total SHC	$ 828,404	$ 8,263	$ 111,750	$ (87,162)	$ (33,583)	$ 827,672
Other Internally Restricted Funds						
Begin Estate	3,738	38	-	-	-	3,776
Ferris Estate	31,848	324	-	-	-	32,172
Herb Bassett Home Chapel	3,652	37	-	-	-	3,689
Parkland Terrace	72,188	-	-	-	(72,188)	-
Poole Estate	20,218	206	-	-	-	20,424
Information Technology	109,520	1,114	-	-	-	110,634
Renal	47,204	480	-	-	-	47,684
Smith Estate	82,267	838	-	-	-	83,105
Tadman Estate	31,540	321	-	-	-	31,861
Watsang Estate	11,475	117	-	-	-	11,592
Capital Purchases fund	3,237,555	29,894	1,959,134	-	(1,478,155)	3,748,428
Total Internally Restricted	**$ 4,479,609**	**$ 41,632**	**$2,070,884**	**$ (87,162)**	**$(1,583,926)**	**$ 4,921,037**

BOARD MEMBER REMUNERATION

for the year ended March 31, 2012

RHA Members	2012						2011
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Abrametz, B.	$ -	$ 4,400	$ 525	$ 701	$ -	$ 190	$ 5,816	$ 5,665
Bighead, S.	-	2,013	465	519	-	96	3,093	1,674
Byrne, D.	-	-	-	-	-	-	-	425
Cadieu, G.	-	4,188	2,500	4,036	-	298	11,022	6,275
Code, D.	-	3,950	938	1,569	-	175	6,632	4,740
Dobrowolsky, G.	9,960	14,096	2,119	2,441	-	1,090	29,706	23,981
Ewanchuk, R.	-	4,438	2,000	3,310	-	278	10,026	11,340
Henderson, S.	-	-	-	-	-	-	-	291
Jurgens, A.	-	3,513	700	723	-	113	5,049	3,482
McFee, D.	-	1,050	175	447	-	46	1,718	2,913
Olson, J.	-	4,313	1,400	1,592	-	236	7,541	9,964
Osmundson, G.	-	5,013	1,475	2,480	-	-	8,968	6,826
Total	$ 9,960	$ 46,974	$ 12,297	$ 17,818	$ -	$ 2,522	$ 89,571	$ 77,576

SCHEDULE 5 **PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY**
CONSOLIDATED SCHEDULES OF

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

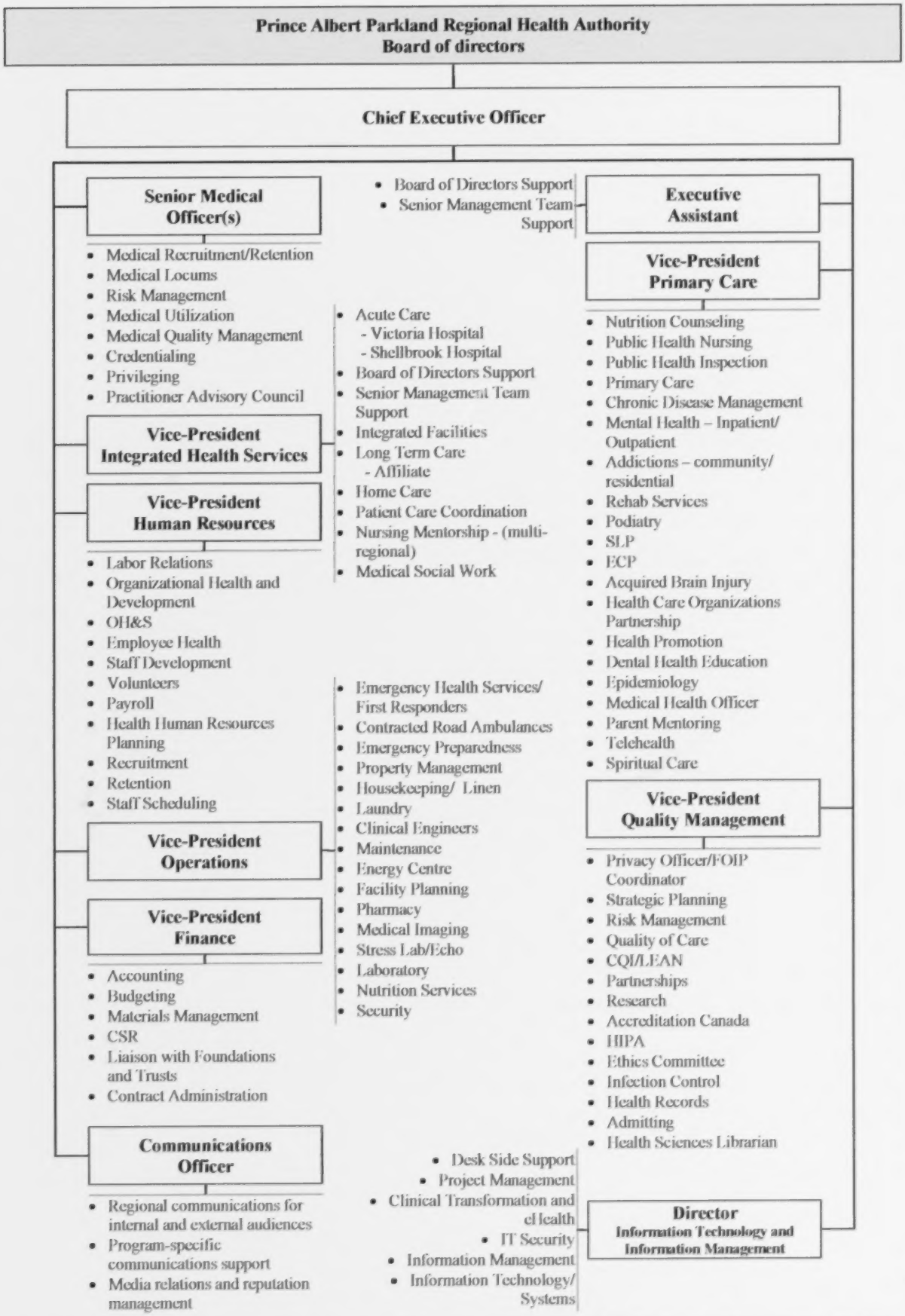
for the year ended March 31, 2012

	2012					2011		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cecile Hunt, CEO	$ 236,312	$ 3,545	$ 239,857	$ -	$ 239,857	$ 268,343	$ -	$ 268,343
Lynnda Berg, VP	159,588	66	$ 159,654	-	159,654	172,387	-	172,387
Jamie Callahan, VP	153,860	66	$ 153,926	-	153,926	174,561	-	174,561
Cheryl Elliott, VP	66,936	66	$ 67,002	-	67,002	-	-	-
Carol Gregoryk, VP	158,912	66	$ 158,978	-	158,978	170,112	-	170,112
Morgan Kennedy, VP	86,697	39	$ 86,736	140,387	227,123	175,285	-	175,285
John Piggott, VP	153,860	66	$ 153,926	-	153,926	178,159	-	178,159
Patricia Stuart, VP	145,851	66	$ 145,917	-	145,917	153,439	-	153,439
Doug Dahl, Communications Officer	71,319	66	$ 71,385	-	71,385	71,397	-	71,397
Kathy Holmgren, Executive Assistant	60,531	66	$ 60,597	-	60,597	60,598	-	60,598
Dr J Cross, Senior Physician Executive	-	-	$ -	-	-	51,660	-	51,660
Dr B Hookenson, Senior Physician Executive	152,226	-	$ 152,226	-	152,226	-	-	-
Dr E Royeppen, Senior Physician Executive	205,060	-	$ 205,060	-	205,060	160,619	-	160,619
Dr K Chokani, Medical Health Officer	332,306	-	$ 332,306	-	332,306	257,764	-	257,764
Total	$1,983,458	$ 4,112	$1,987,570	$ 140,387	$2,127,957	$1,894,324	$ -	$1,894,324

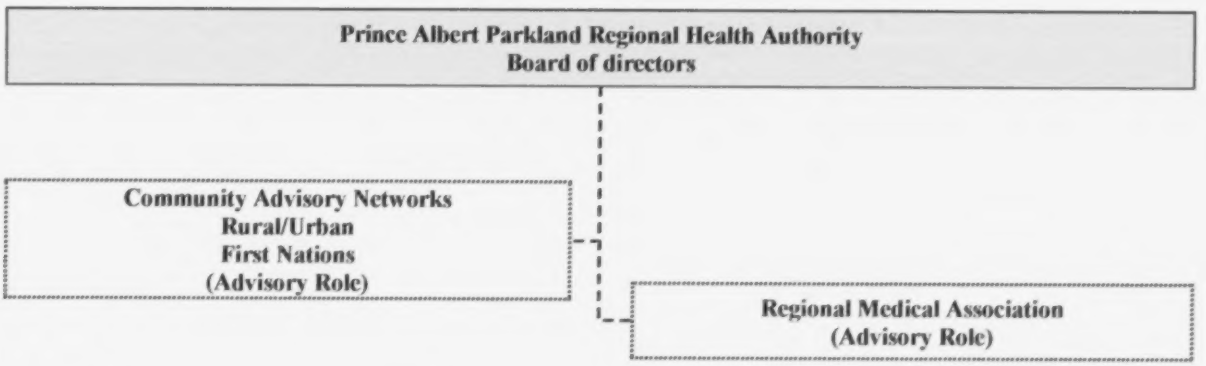
1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. This schedule will be amended in the 2012-13 fiscal year to reflect the performance adjustments. Refer to Note 21 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell -phone; computer; etc. As well as any other taxable benefits.

Appendix A: Organizational Chart



Appendix A: Organizational Chart



Appendix B: Directory

Prince Albert

Prince Albert Parkland Health Region
Corporate Office—1521 6th Ave. West S6V 5K1 765-6400
Facsimile 765-6401
Financial Services 765-6420
Regional Health Authority (Board) 765-6400
Human Resources 765-6430
Facsimile 765-6431
Patient Safety and Quality Managers 765-6499
Communications 765-6409
Privacy and Freedom of Information Officer 883-4460
Volunteer Services (Victoria Hospital) 765-6010
Facsimile 763-2871

Acquired Brain Injury (ABI) Services
1521 6th Ave. West 765-6630
Facsimile 765-6657
Toll-free 1-866-899-9951

Access Place – Sexual Health Clinic
101 15 St East 765-6540
Nurse Practitioner 765-6541

Addiction Services, Adult & Problem Gambling
2nd Floor - 101 15 St East 765-6550
Facsimile 765-6554
Toll Free 1-855-765-6550

Addiction Services, Youth
2nd Floor - 101 15 St East 765-6565
Facsimile 765-6567

Bernice Sayese Primary Health Care Centre
1350 15th Avenue West 953-6490

Brief and Social Detox Centre
1200 24th St. West 765-6700
Facsimile 765-6701

Diabetes Education Centre
1521 6th Ave. West 765-6464
Facsimile 765-6524

Dietitian Services
Community Dietitian 765-6464
Room 200 – 20 – 14th Street West
Public Health Nutritionist 765-6604
School Nutritionist 765-6609

Dermatology
2345 10th Ave. West 765-6317

fitLife Cardio-Pulmonary Rehab Program
Room 200, 20 14th Street West 765-6590
Facsimile 765-6594

Health Promotion & Education
1521 6th Ave. West 765-6641
Or 765-6627

Herb Bassett Home
1220 25th St West 765-6000

Home Care - PAPHR Regional Office
Unit D – 4050 2nd Ave. West 765-2450

Lab Service Centre
South Hill Mall 765-6319

Mental Health Outpatient Services
Victoria Square—2345 10th Ave. W. 765-6055
Facsimile 765-6349
Toll-free 1-888-765-6055

Mental Health Inpatient Services
Regional Mental Health Centre 765-6053

Pineview Terrace Long-term Care
701 13th St. West 765-6570

Public Health Inspection
1521 6th Ave. West 765-6600
Facsimile 765-6624
Medical Health Officer 765-6600

Public Health Nursing
2nd Floor, L.F. McIntosh Building, 800 Central Ave. 765-6500
Facsimile 765-6536
Dental Health Educator 765-6502
Hearing Aid Plan 765-6520
Immunization Clinic 765-6510
Prenatal Classes 765-6510
Travel Health Clinic 765-6506

Sexual Health Clinic – Access Place
101 15 St East 765-6540
Anonymous HIV Testing 765-6540
Hepatitis C Clinic 765-6545

Therapies
Victoria Hospital 765-6126
Facsimile 765-6284

Travel Health Clinic
McIntosh Mall 765-6506

Victoria Hospital
1200 24th St. West 765-6000
Toll Free—Prince Albert 1-800-922-1834
Facsimile 763-2871
Patient Care Coordinator Unit 765-6199
Victoria Hospital Foundation 765-6105
Facsimile 765-6120

Appendix B: Directory

Big River

Big River Health Centre
220 1st Ave. North 469-2220
Or 469-2333
Facsimile 469-2193

Big River Primary Health Care Clinic
220 1st Ave. North 469-2055

Public Health Nursing
220 1st Avenue North 469-2505
Facsimile 469-2603

Birch Hills

Birch Hills Health Facility
3 Wilson Street
Birch Hills Primary Health Care Clinic 749-3331
Facsimile 749-2440
Birchview Home 749-2288
Or 749-3488
Facsimile 749-2406
Director of Care 749-3565
Mental Health/ Addictions 749-3302

Blaine Lake

Blaine Lake Primary Health Care Clinic
307 Main St. 497-2494
Facsimile 497-2557

Home Care
307 Main St 497-2664

Canwood

Whispering Pine Place
300 1st Ave 468-2900
Facsimile 468-2199

Debden

Home Care
4 – 204 2nd Ave. East 724-2110

Hafford

Hafford Special Care Centre and Primary Care Site
213 South Ave East 549-2108
Administration 549-2103
Facsimile 549-2104

Hafford Primary Health Care Clinic 549-2323
Clinic Facsimile 549-4660

Home Care
213 South Ave East 549-4266

Kinistino

Jubilee Lodge
401 Meyers Ave. 864-2851
Facsimile 864-3220

Kinistino Primary Health Care Clinic
401 Meyers Ave. 864-2212
Facsimile 864-3220

Leask

Home Care
Hwy 40 466-2280

Wheatland Lodge
Hwy 40 466-4949
Facsimile 466-2209

Leoville

Evergreen Health Centre
1st Ave 984-2136
Facsimile 984-2046

Shellbrook

Home Care
Area office, 211 2nd Ave. West 747-4266

Parkland Terrace Long-term Care Facility
114 5th Ave. West 747-4290
Facsimile 747-3586
Manager's Office 747-4291
Recreation Therapy 747-4292
Kitchen 747- 4293

Shellbrook Hospital
211 2nd Ave West 747-2603
Facsimile 747-3004

Community Services 747-4363
Addiction Services 747-4275
Dietitian 747-6202
Director Primary Health Care 747-6206
Mental Health Services 747-4278
Therapies 747-6204
Or 747-6203

Public Health Nursing
211 2nd Avenue West 747-4363
Facsimile 747-3004

Shellbrook Primary Health Care Clinic
206 2nd Avenue West 747-2552

Spiritwood

Home Care
Area office, 400 1st East 883-4266
Facsimile 883-4440

Public Health Nursing
400 1st Street East 883-4470
Facsimile 883-4440

Spiritwood and District Health Complex
400 1st East 883-2133
Facsimile 883-4440
Toll Free—Spiritwood 1-800-887-6251

Primary Health Care and Medical Clinic services 883-4400
Addictions Services 883-4479
Community Mental Health Nurse 883-4462
Parent Support Worker 883-4463
Therapies 883-2133
Primary & Community Care, Vice-President 883-4473

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2011

Regional Health Authorities are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold is $50,000. Payees are sorted into the following 4 categories and include the following information:

Personal Services—disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an 'employee/employer relationship' is established.

The amount paid includes the following:

Salaries—regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.

Contracts—the total amount paid (over the threshold) if an 'employee/employer' relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a 'Supplier Payment'

Transfers—disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.

Supplier Payments—disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an 'employer/employee' relationship does NOT exist.

Other Expenditures—disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

Appendix C: Payee List

Appendix C: Payee List

Personal Services

Aarrestad	Danita	$	60,929
Akre	Brittany	$	82,806
Alasagas	Tito Mari	$	105,913
Aldous	Kaylla	$	63,771
Allen	Aleta	$	107,518
Allen	Marlene	$	100,906
Alvarez	D Chi Min	$	100,820
Alvarez	Richard	$	124,131
Amundson	Lucille	$	91,560
Amyotte	Corrine	$	67,790
Amyotte	Janelle	$	89,070
Anaka	Kim	$	103,121
Anderson	Anne	$	71,906
Anderson	Brian	$	51,626
Anderson	Michelle	$	55,393
Anderson	Shelly	$	71,205
Andre	Brenda	$	64,595
Antoine	Beverly	$	53,492
Antoine	Jane	$	104,610
Appleyard	April	$	78,159
April	Susan	$	71,351
Aquino	Ronald Ja	$	98,324
Arcand	Rosemarie	$	50,913
Arcand	Roxanne	$	72,855
Archer	Margaret	$	98,596
Archibald	Chris	$	80,526
Archibald	Pamela	$	104,495
Aschenbrenner	Catherine	$	71,384
Aschenbrenner	Joanne	$	61,503
Ashworth	Susan	$	76,349
Asplind	Janice	$	52,673
Atcheson	Wanda	$	105,419
Aug	Angela	$	69,775
Aug	Laura	$	72,387
Austin	Catherine	$	63,227
Badgley	Stephanie	$	74,438
Badiuk	Jane	$	91,159
Baglole	Darla	$	79,407
Baglole	Shauna	$	73,071
Bagongon	Iris Ella	$	93,875
Bagongon	Irvin	$	98,571
Bain	Randy	$	61,783
Balicki	Lennie	$	100,034
Balicki	Lesia	$	105,634
Balicki	Sherry	$	73,198
Balon	Patricia	$	50,078
Balone	Claire	$	93,877
Balone	Yvonne	$	82,880
Banadyga	Ryan	$	69,805
Bannerman	Lorette	$	99,558
Barcelona	Caroline	$	76,734
Bargen	Rebecca	$	64,972
Batisarisari	Judy	$	108,576
Batty	Darlene	$	122,205
Bautista	Jocy Chri	$	103,900
Bear	Alison	$	75,055
Beaulieu	Dolores	$	71,534
Beddome	Judy	$	79,882
Belair	Chelsea	$	52,422
Belair	Kimberly	$	70,508
Belanger	Megan	$	71,717
Bell	Denise	$	63,748
Beltran Yu	Ronnie Po	$	121,425
Bennett	Lorna	$	54,305
Benoit	Denise	$	84,753
Benson	Barbara	$	70,220
Benson	Lance	$	64,912
Bentz	Stacy	$	68,582
Beres	Chelsey	$	57,211
Berg	Lynnda	$	159,654
Berg Kolody	Lisa	$	120,568
Bergen	Kelly	$	58,146
Bergquist	Carla	$	59,602
Best	Margot	$	80,696
Bevan	Evelyn	$	101,656
Bibby	Brad	$	74,641
Billay	Jason	$	109,266
Billay	M Elaine	$	79,262
Billay	Robert	$	60,067
Bircham	Tabbatha	$	69,188
Bissky	Amanda	$	59,661
Bissky	Boris	$	63,380
Bissky	Doris	$	51,774
Bjerkness	Lucille	$	61,960
Blackburn	Anthony	$	83,674
Blain	Danielle	$	64,361
Blair	Michelle	$	94,051
Blechinger	Charity	$	87,822
Blechinger	Kevin	$	74,437
Blocka	Lynn	$	92,725
Bloor	Lavern Jo	$	73,686
Bodnarchuk	Marjorie	$	104,771
Boehm	Debra	$	52,501
Bolotniuk	Lori Lee	$	93,222
Bonar	Connie	$	64,211
Bonne Annee	Brunette	$	54,381
Bouvier	Aimee	$	68,881
Boychuk	Lois	$	166,013
Boyko	James	$	71,901
Boyko	Riley	$	51,074
Braaten	Deanne	$	69,918
Braaten	Naomi	$	51,402
Brad	Donna	$	134,018
Brahniuk	Corina	$	73,699
Brandolino	Brandy	$	68,975
Bray	William	$	80,348
Breker	Brenda	$	72,410
Bridge	Gary	$	106,606
Brits	Nico	$	299,613
Brooks	Coleen	$	84,611
Brooks	Joanne	$	93,261
Brown	Kerrie	$	83,914

Appendix C: Payee List

Personal Services

Brown	Marjory	$	86,001
Brown	Reed	$	59,411
Bruce	Lynn	$	83,506
Bruneau	Starla	$	60,189
Brydges	Joanne	$	95,091
Buchinski	Susan	$	65,259
Buckingham	Katheryn	$	64,582
Burnie Allen	P Jill	$	75,633
Burns	Jaclynn	$	72,852
Butterfield	Marina	$	77,197
Cabilao	Evangelin	$	111,952
Cadieu	Bonnie	$	94,509
Caisse	Shelly	$	56,165
Calayo	Clarissa	$	60,130
Callahan	Jamie	$	154,681
Camelie	Allisyn	$	77,199
Cameron	Dwayne	$	64,002
Campbell	Alison	$	87,164
Campbell	Lorraine	$	94,051
Camponi	Rosa	$	96,579
Carlson	Tracy	$	83,672
Carrier	Janet	$	62,494
Carrier	Marlene	$	56,663
Carruthers	Glenn	$	116,999
Casavant	Heather	$	92,051
Chadwick	Sherri	$	50,219
Chambers	Lisa	$	74,804
Chartrand Trzaskowski	Christina	$	68,593
Chaudhry	Zubaida	$	164,523
Chavez	Malcolm	$	110,433
Chicoine	Michelle	$	51,348
Chorney	Carley	$	67,070
Christiansen	Lori	$	70,376
Clark	Janet	$	107,587
Clarke	Glenis	$	75,675
Clarke	Rhonda	$	51,337
Collins	Marla	$	61,940
Conant	Dana	$	70,978
Cook	Delphine	$	87,477
Cook	Donna	$	92,263
Cooke	Gaylene	$	74,237
Cooper	Sheila	$	105,895
Cottingham	Jason	$	50,229
Couldwell	Brittany	$	53,404
Coutu	Jas	$	92,437
Couture	Patricia	$	107,674
Cram	Patti	$	77,699
Crawford	Eleanor	$	52,294
Crawford	Shelley	$	79,934
Crellin	Margaret	$	119,473
Cross	Danielle	$	96,687
Crowe	Julie	$	60,658
Cruz	Jerry	$	80,669
Cunnane	Andrea	$	68,056
Curtis	Chona	$	66,316
Cutting	Eunice	$	93,261
Cutting	Jeff	$	50,799
Cyr	Linda	$	61,928
Cyr	Michelle	$	50,978
Cyr	Murielle	$	97,094
Dagenais	Karen	$	104,511
Dagenais	Shawn	$	75,896
Dahl	Doug	$	71,385
Dahl	Janet	$	124,035
Dampil	Charry	$	119,042
Danger	Betty	$	100,198
Daniels	Doris	$	85,230
Danielson	Debra	$	89,857
Danis	Norine	$	52,031
Danttouze	Jeanette	$	56,908
Darbyshire	Diana	$	107,862
Davidson	Cagney	$	86,067
Davidson	Elbert	$	68,171
Davies	Tracie	$	78,723
Davis	Gillian	$	69,457
Dayton	Daren	$	51,863
De Lara	Pressie	$	172,484
De Padua	John	$	66,699
Debussac	Margaret	$	52,310
Deforest	Jacquelin	$	76,830
Delisle	Marc	$	86,234
Delparte	Corinne	$	70,600
Demers	Lindsay	$	65,977
Denis Blais	Dianne	$	103,444
Devers	Michelle	$	85,234
Dewhurst	Bonnie	$	65,044
Dickens	Teresa	$	65,336
Dickson	Cathy	$	94,069
Dicus	Estelle	$	53,606
Diemert	Jackaleen	$	83,033
Disiewich	Karen	$	74,241
Donald	Helen	$	108,150
Donohue	Taegan	$	72,364
Dooley	Nikki	$	84,926
Dorion	Nancy	$	93,586
Dorosh	Perpetua	$	110,648
Dorosh	Toni Brai	$	58,813
Doucette	Florette	$	88,964
Doucette	Maureen	$	61,148
Dougan	Beverley	$	104,874
Dowling	Deanne	$	110,049
Downey	Sherryl	$	81,854
Driedger	Amanda	$	101,859
Drieschner	Arlene	$	96,569
Dubyk	Deborah	$	88,675
Dubyk	Melanie	$	53,299
Duchscherer	Gloria	$	80,167
Ducnas	Chrizalyn	$	104,565
Dupuis	Jocelyne	$	78,145
Dupuis	Tracy	$	56,322
Duret	Aline	$	80,173
Dutka	Patti	$	50,497

Appendix C: Payee List

Personal Services

Dykun	Kimberly	$	108,451
Dynna	Maureen	$	68,971
Dziadyk	Linda	$	65,117
Eberts	Tamara	$	99,916
Ecaldre	Peter	$	111,437
Echavez	Marilou	$	104,066
Eddolls	Colleen	$	74,815
Edmison	Jane	$	64,240
Edrozo	Gerald	$	92,785
Edrozo	Susanne	$	51,679
Elliott	Cheryl	$	117,266
Emmerson	Angela	$	105,134
Engele	Rychelle	$	58,866
Enns	Brett	$	125,958
Ens	Jodi	$	83,934
Ens	Jody	$	51,174
Epp	Dorothy	$	50,264
Epp	Marissa	$	51,374
Erickson	Kristen	$	67,164
Ericson Lemaigre	Wendy	$	86,234
Ermine	Edmund	$	61,421
Ernst	Tanya	$	91,653
Escalada	Charry	$	104,075
Escueta	Jan Keith	$	122,884
Escuro	Michelle	$	97,609
Esteban	Antonio E	$	97,399
Evangelista	Nomy	$	131,375
Evans	Jody	$	66,406
Evans	Kathy	$	71,633
Eveleigh	Jennifer	$	82,269
Eveleigh Harris	Shauna	$	63,591
Fabay	Zenaida	$	50,505
Fabian	Maricris	$	92,936
Fahlman	Theresa	$	110,090
Falloon	Nadine	$	102,445
Famulak	Kevin	$	78,755
Farthing	Krista	$	93,192
Fauchoux	Elaine	$	87,731
Favel	Linda	$	62,716
Favreau	Glenda	$	65,934
Favreau	Sherry	$	62,782
Featherstone	Tobi	$	72,651
Fecyk	Diana	$	71,738
Fee	Christal	$	69,237
Fehr	Darlene	$	100,938
Feland	Leslie An	$	86,349
Felske	Brenda	$	54,200
Fennig	Michelle	$	71,921
Ferguson	Tom	$	79,255
Ferland	Beverly	$	98,525
Fernandez	Fe	$	114,515
Fiddler	Charity	$	66,663
Fiddler	Danielle	$	73,817
Fisher	Barbara	$	104,453
Fitzpatrick	Robert	$	76,060
Fjeld	Terry	$	81,833
Flaman	Amanda	$	97,671
Flett	Shaelene	$	56,863
Fossen	Helen	$	77,716
Franc	Joanne	$	107,682
Franc Beaurivage	Lydia	$	99,497
Friesen	Crystal	$	52,531
Friesen	Rebecca	$	77,780
Friesen	Terry	$	74,543
Fuentes	Diana Jea	$	98,700
Fuller	Bonnie	$	104,387
Fuller	Sharon	$	57,226
Funk	Heidi	$	72,467
Furber	Christine	$	103,183
Fyrk	Lynda	$	78,105
Gaboury	Lynn	$	53,562
Gabrielson	Heather	$	76,789
Gallins	Lori	$	96,115
Garand	Robert	$	77,717
Garbolinsky	Gina	$	60,564
Garcia	Zenaida	$	112,335
Garden	Nicole	$	83,465
Gardiner	Christine	$	68,569
Garrard	Steve	$	65,391
Gaschler	Dawn	$	68,656
Gatin	Peggi Lyn	$	80,053
Gaudet	Dean	$	74,418
Gaudet	Dori	$	95,894
Gauthier	Theresa	$	95,572
Gaveronski	Nancy	$	79,971
Geddert	Dawn	$	69,670
Genciana	Carol Joy	$	110,330
Georget	Alden	$	88,769
Gerlach	Karen	$	51,017
Gervais	Dwight	$	86,840
Getz	P Eileen	$	55,542
Giasson	Nicole	$	84,063
Gignac	Laura	$	89,181
Gillespie	Alison	$	76,679
Gillis	Tammy	$	87,450
Glabus	Lucie	$	50,133
Glynn	Kathy	$	60,109
Go	John	$	51,392
Godwin	Genevieve	$	76,334
Golez	Analyn	$	53,339
Goller	Shelley	$	104,616
Gonzales	Lyra	$	101,418
Gordon	Cathy	$	80,580
Gordon	Joan	$	55,408
Gould	Catherine	$	50,948
Goy	Jan	$	53,254
Green	Mindy	$	50,859
Gregory	Alicia	$	78,278
Gregory	Sharlene	$	73,950
Gregoryk	Carol	$	159,320
Griffin	Sharon	$	122,205
Grimard	Sharon	$	56,750

Appendix C: Payee List

Personal Services

Grimes	Lisa	$	72,793
Groves	Jacquelin	$	66,747
Grypiuk	Tiffany	$	80,896
Guest	Jennifer	$	64,400
Guitard	Michelle	$	94,759
Gunn	Karen	$	137,418
Guy	Courtney	$	56,881
Haas	Leah	$	81,742
Halayka	Twyla	$	56,950
Halcro	Quentin	$	114,882
Halsall	Dawn	$	82,727
Hamborg	Eileen	$	71,412
Hamilton	Neil	$	65,515
Hamilton	Trudy	$	96,813
Hannotte	Therese	$	71,984
Hansen	Meagan	$	53,335
Harach	Mary	$	86,527
Harasymuk	Brian	$	129,652
Harasyn	Tanya	$	53,226
Harcuther	Jennifer	$	96,740
Hargrave	Harold	$	75,306
Harper	Monica	$	82,915
Harradence	Lisa	$	86,912
Harris	Cindy	$	53,444
Harrison	Loraine	$	108,554
Hart	Lyla	$	115,778
Hartman	Gene	$	75,026
Hayduk	Karen	$	68,992
Heagy	Blaine	$	51,360
Hebblethwaite	Joanne	$	78,015
Heidel	Sandy	$	95,918
Hein	Edith	$	81,394
Hein	Gordon	$	81,423
Herbst Sutor	Michelle	$	105,698
Heroux	Wendy	$	75,589
Hewitt	Barbara	$	79,765
Hicks	Carrie	$	79,131
Higgins	Garry	$	67,229
Hildebrand	Laura	$	54,576
Hipkiss	Nadine	$	73,711
Hnidek	Frances	$	86,902
Hobson	Traci	$	115,166
Hodgson	Adrianne	$	52,813
Hodgson	Whitney	$	77,899
Holmgren	Kathy	$	60,597
Honig	Colleen	$	78,732
Hope	Penny	$	79,149
Hornung	Joan	$	90,199
Horricks	Sandi	$	51,335
Horvey	Jill	$	75,403
Howard	Yassah	$	68,824
Hradecki	Kimberley	$	92,747
Hrenyk	Loretta	$	70,618
Hrynuik	Karen	$	67,585
Hueser	Robyn	$	61,216
Hull	Jamie	$	60,027
Hundeby	Lisa	$	78,210
Hunker	Kathy	$	58,738
Hunt	Cecile	$	239,857
Hunter	Jolene	$	74,573
Hunter	Kathryn	$	71,637
Hupaelo	Caroline	$	84,461
Huska	Lorraine	$	85,554
Huxley	Amanda	$	53,632
Impey	Angela	$	65,527
Ingham	Tanya	$	87,666
Isbister	Sherry	$	62,596
Isbister	Valerie	$	56,103
Iverson	Cathy	$	104,771
Jackson	Janice	$	70,680
Jacobs	Katharine	$	87,595
Jahn	Sonya	$	77,697
Jalbuena	Rommel	$	95,555
James	Manuel	$	111,958
Janz	Trenton	$	72,775
Janzen	Barbara	$	50,792
Janzen	Laurie	$	78,271
Jenkins	Patricia	$	76,161
Johnson	Debora	$	75,100
Johnson	Ian	$	76,088
Johnson	Jenna	$	77,093
Johnston	Danielle	$	64,010
Johnston	Merle	$	65,301
Jolly	Samantha	$	81,117
Jonasson	Ashley	$	62,442
Jonasson	Joann	$	67,474
Jones	Moniqua	$	98,660
Joo	Cheryl	$	89,939
Jubilan	Ann There	$	64,209
Jurgens	Douglas	$	137,282
Juson	Jojan Pau	$	70,125
Kacher	Jane	$	54,383
Kaminsky	Donna	$	57,403
Kammermayer	Karen	$	92,122
Kanigan	Danielle	$	61,093
Kapacila	Jan	$	68,778
Kaptein	Karen	$	109,422
Karakochuk	Dennis	$	104,544
Kardash	Johanne	$	106,387
Karmaznuik	Jana	$	77,524
Kartes	Shirley	$	58,759
Kazmiruk	Eloise	$	104,931
Keating	Sandra	$	90,307
Keays	Robyn	$	51,525
Keith	Jena	$	77,523
Kendel	Pamela	$	75,242
Kenke	Kimberly	$	64,908
Kennedy	Jelaine	$	66,144
Kennedy	Morgan	$	227,423
Kenny	Samantha	$	94,606
Kent	Debbie	$	68,288
Kibanoff	Constanti	$	94,282

Appendix C: Payee List

Personal Services

Kilanowski	Bozena	$	52,394
Kinar	Deanna	$	74,723
King	Darci	$	90,177
King	Maryanne	$	59,978
Kiryk	Wayne	$	50,434
Kitching	Karen	$	64,905
Klughart	Garry	$	57,172
Knight	Melanie	$	73,978
Knoke	Julia	$	59,683
Knouse	Jennifer	$	57,297
Knox	Phil	$	60,372
Knutson	Janelle	$	108,905
Kohut	Maryann	$	50,805
Kolendreski	Dwayne	$	89,533
Komaike	Lois	$	75,330
Kongawi	Amanda	$	98,549
Koop	Andrea	$	64,607
Krawec	Carmen	$	100,530
Krider	Roberta	$	53,392
Krsacok	Marilyn	$	79,630
Kukac	Charline	$	94,991
Kutnikoff	Joanne	$	53,023
Kwiatkowski	Brenda	$	91,382
Kwok	Joanne	$	133,429
Kyei	Joyce	$	83,893
Labiuk	Pearl	$	52,381
Labrash	Lisa	$	63,628
Lachance	Delores	$	66,988
Ladeza	Reynaldo	$	115,776
Ladouceur	Natalie	$	97,227
Lafond	Stephanie	$	63,990
Lai	Sandy	$	56,956
Lai	Yun	$	86,374
Lajeunesse	Joanne	$	109,334
Lajeunesse	Leanne	$	51,583
Lalonde	Marie Ann	$	83,023
Lambiris	Richelle	$	64,791
Lamotte	Randi	$	59,419
Lang	Bridgette	$	80,862
Langford	Shannon	$	69,358
Laprise	Kristin	$	99,723
Larose	Linda	$	54,570
Larson	Aimee	$	56,509
Larson	Deanna	$	72,821
Laturnas	Laurie	$	84,471
Lavergne	Adele	$	86,212
Lawlor	Mike	$	60,280
Lawson	Tammy	$	94,401
Leaderhouse	Richard	$	87,456
Leblanc	Elise	$	115,131
Leblanc	Nicole	$	78,619
Lee	Connie	$	120,830
Leeb	Sonya	$	133,348
Lehner	Nola Rae	$	73,562
Lepage	Adrien	$	100,657
Lepage	Christina	$	82,405
Lepine	Laurille	$	54,460
Leschyshyn	Cynthia	$	78,401
Lesko	Carlie	$	88,156
Lesperance	Cathleen	$	60,546
Letendre	Andre	$	76,965
Levesque	Barbara	$	113,862
Lidberg	Debra	$	71,184
Lindsay	Kirstie	$	85,565
Lizee	Jasmene	$	65,193
Lloyd	Kellene	$	104,153
Lloyd	Maria	$	70,406
Loewen	Norma	$	76,550
Lofstrom	Laurel	$	67,062
Long	Sheila	$	72,344
Lukan	Laurianne	$	80,125
Lukic	Amira	$	50,702
Lukowich	Arlene	$	80,544
Lumberjack	Peggy	$	51,086
Lund	Erin	$	92,562
Lundgren	June	$	72,649
Lysitza	Corinna	$	74,798
Lysitza	Shelby	$	65,454
Lysitza	Susan	$	57,186
Macabanti	Rabbi	$	116,831
Macauley	Michelle	$	69,037
MacFie	Cindy	$	59,770
MacFie	Vikki	$	120,002
MacLean	Murdeen	$	74,599
MacNeil	Bev	$	68,090
Madwid	Doreen	$	63,367
Magnusson	Eva	$	76,222
Makely	Janice	$	83,274
Manseau	Jeanne	$	70,192
Manson	Calvin	$	52,121
Mante	Mark Step	$	96,935
Marcia	Laura	$	89,094
Mardell	Dawn	$	51,488
Marion	Melanie	$	84,516
Marshall	Patricia	$	74,456
Martens	Sonya	$	71,210
Martin	Diane	$	74,995
Martin	Paulette	$	80,159
Martodam	Roseline	$	83,693
Masiglat	Pepito	$	131,448
Mason	Karen	$	78,929
Mason	Linda	$	101,499
Mason	Pauline	$	61,977
Massey	Geraldine	$	57,355
Matheis	Elona	$	92,685
Matice	Madeleine	$	85,742
Maturan	Zosima	$	99,904
Matwishyn	Debbie	$	111,066
Matzner	Juliette	$	84,067
May	Charlene	$	93,049
McCann	John	$	99,279
McCready	Deborah	$	98,607

Appendix C: Payee List

Personal Services

McDonald	Ashley	$	98,019
McDonald	Barbara	$	110,130
McDougall	Brenda	$	62,180
McEwen	Patty	$	52,983
McGregor	Cherith	$	65,207
McKinnon	Linda	$	92,808
McLaughlan	Sylvia	$	61,295
McLean	Catherine	$	96,402
McLean	Leanne	$	57,379
McLeod	Donna	$	94,051
McLeod	Eileen	$	82,391
McLeod	Gloria	$	105,436
McLeod	Lesley	$	71,212
McMunn	Brenda	$	96,974
McNamee	Judith	$	101,904
McNeice	Bonnie	$	68,081
Meikle	Lynn	$	96,580
Meyer	Rosalie	$	87,803
Meyers	Pam	$	74,330
Miller	Linda	$	52,848
Miller	Rhonda	$	92,533
Mills	Brenda	$	61,224
Mills	Rae	$	94,241
Mischuk	Connie	$	99,186
Mitchell	James	$	59,951
Mokelki	Lois	$	99,270
Monus	Tisa	$	72,155
Moore	Margaret	$	78,053
Moore	Troy	$	52,052
Morash	Sharla	$	72,021
Moriarty	Judy	$	86,075
Moriarty	Linda	$	75,725
Morley	Michelle	$	94,824
Morrow	Eva Marie	$	86,521
Moyer	Patsy	$	63,025
Mugleston	Lannie	$	50,000
Muller	Sharon	$	62,239
Mullner	Charles	$	64,043
Munar	Wilma	$	130,007
Murray Berg	Denise	$	50,731
Mychan	Shannon	$	58,170
Nagy	Dawn	$	51,364
Nagy	Nicole	$	54,947
Nagy	Shirley	$	81,756
Nahachewsky	Donna	$	105,493
Naharney	Kathy	$	86,593
Napper	Rae Anne	$	58,592
Natomagan	Claudette	$	59,583
Natomagan	Janice	$	89,723
Natomagan	Tara	$	95,072
Nelson	Amanda	$	54,386
Nelson	Catherine	$	73,797
Nelson	Darcie	$	94,741
Nelson	Joseph	$	64,585
Nelson	Lori	$	82,369
Neudorf	Deanna	$	79,082
Neufeld	Agatha	$	58,564
Neufeld	Lorna	$	69,472
Neuman	Elaine	$	54,079
Newhouse	Sandra	$	105,788
Nicholson	Laura	$	52,171
Nicklas	Marvin	$	85,426
Nielsen	Dianne	$	75,016
Nolan	Gwen	$	82,946
Nordli	Heather	$	70,099
Novak	Jacey	$	62,053
Nutter	Donna	$	67,178
Nykiforuk	Patricia	$	86,950
Obaldo	Maria Ang	$	105,222
Olde	Stephen	$	88,325
Oliver	Lynn	$	54,760
Olson	Sharon	$	69,958
Olson	Sherry	$	84,756
Olson	Tiffany	$	70,728
Olthuis	Kathryn	$	72,842
Oshanek	Jaclyn	$	69,956
Otte	Bryan	$	72,129
Otte	Sharon	$	89,324
Otto	Crystal	$	68,835
Oxby	Rosalyn	$	59,479
Paguio	Joann	$	88,079
Painter	Judith	$	82,013
Palisoc	Michell L	$	110,121
Panas	Nicole	$	65,262
Pangilinan	Michael A	$	105,721
Pannell	Maureen	$	65,532
Papastergiou	Elizabeth	$	50,729
Parchomchuk	Lynn	$	91,932
Parent	Eyvette	$	119,482
Parent	Kim	$	64,462
Pashovitz	Kathryn	$	68,531
Patoine	Stacey	$	69,030
Patterson	Melanie	$	55,357
Paul	Chantelle	$	78,654
Paul	Lendra	$	95,514
Paul	Leslie	$	54,798
Pawlyshyn	Kelly	$	68,158
Pearson	Adam	$	73,447
Pearson	Bradley	$	51,032
Pederson	Leona	$	51,848
Pelletier	Elaine	$	77,671
Pelletier	Troy	$	55,923
Penner	Amanda	$	85,783
Penner	Grace	$	80,107
Peralta	Emma	$	101,834
Perez	Julie	$	98,033
Perez	Michael J	$	101,058
Perkins	Jo Ann	$	79,233
Person	Angelynne	$	55,699
Peter	Gale	$	110,451
Phaneuf	Shawn	$	105,626
Phillip	Josephine	$	51,881

Appendix C: Payee List

Personal Services

Picot	Charmaine	$	89,796
Piggott	John	$	153,926
Pikaluk	Joan	$	66,039
Pilon	Gail	$	90,017
Pilon	Jade	$	65,750
Pilon	Tammy	$	87,899
Poetker	Pat	$	92,721
Pogorzelec	Ellen	$	68,577
Poitras	Stacy	$	69,129
Popescul	Janelle	$	66,930
Porter	Barbara	$	103,722
Porter	Beth	$	60,531
Porter	Pamela	$	108,800
Potter	Amanda	$	73,982
Poulin	Alexis	$	75,074
Poulin	Ivy	$	112,288
Powalinsky	Charlotte	$	52,292
Pratt	Barbara	$	59,863
Prete	Carol	$	72,899
Priestley Blazic	Sandra	$	56,965
Priestley Mcalpine	Deborah	$	86,361
Priestly	Valerie	$	52,017
Probert	Naomi	$	59,372
Proulx	Jennifer	$	80,245
Puetz	Leah	$	88,980
Quinn	Anthony	$	50,899
Quitoriano	Erminda M	$	70,555
Rabeje	Cheryl	$	110,991
Rabut	Laurie	$	77,264
Ralston	Margaret	$	115,162
Ramos	Marivic	$	111,292
Rancourt	Nicole	$	75,584
Randall	Brenda	$	63,234
Rask	Lynn	$	131,287
Ratt	Monica	$	64,725
Recina	Marjorie	$	103,572
Reddekopp	Dezirae	$	52,430
Reed	Noreen	$	85,465
Rempel	Elizabeth	$	68,067
Rennie	Brieanne	$	66,787
Rennie	Cory	$	71,324
Rhead	Kristy	$	93,261
Richmond	Melissa	$	66,865
Rickman	Marilyn	$	81,924
Rindfliesch	Malia	$	62,075
Rishchynski	Kathy	$	86,432
Roberts	Rhoda	$	116,064
Robin	Danielle	$	55,876
Robins	Barbara	$	94,955
Robinson	Brenda	$	80,143
Robinson	Sherry	$	94,328
Robinson	Tammy	$	73,282
Rock	Tyler	$	65,108
Rolles	Cory	$	71,976
Romanchuk	Monica	$	70,267
Ronquillo	Charisse	$	97,222
Rosales	Nonita	$	57,281
Ross	Alana	$	108,535
Ross	Lonnie	$	53,840
Ross	Paul	$	86,989
Ross	Penny	$	99,230
Ross	Peter	$	79,953
Roth	Alice	$	86,513
Rousson	Audrey	$	99,893
Rowe	Trevor	$	58,688
Roy	Jeannine	$	82,274
Rumbaoa	Paul Cedr	$	109,552
Rusk	Wanda	$	64,310
Russell	David	$	59,031
Rye	Christine	$	98,527
Ryhorchuk	Meagan	$	65,006
Sabaratnam	Rathi	$	308,794
Sabo	Faye	$	68,921
Sagardia Silva	Paola	$	52,367
Samuel	Holly	$	88,013
San Juan	Maricel	$	102,926
Sande	Danielle	$	89,013
Sander	Beverly	$	105,175
Sander	Melissa	$	67,694
Sanders	Kendra	$	68,253
Sanderson	Lisa	$	60,281
Sarchuk	Brenda	$	104,683
Sauve	Barb	$	77,102
Savage	Shaun	$	51,578
Sawatsky	Roxane	$	85,146
Sawchuk	Kelly	$	75,980
Schenn	Joanne	$	52,737
Schmalz	Ursula	$	64,795
Schopp	Ashley	$	80,588
Schopp	Tara	$	81,877
Scowen	Tasha	$	64,860
Scrivener	Diane	$	78,160
Seidle	Laura	$	95,616
Seidlikoski Yurach	Wanda	$	67,809
Senina	Krizia	$	109,655
Serfas	Dennis	$	74,186
Sevigny	Kendra	$	67,432
Shewchuk	Kristin	$	54,303
Short	Carla	$	60,477
Short	Noreen	$	54,824
Shyluk	Linda	$	98,447
Siegel	Brenna	$	84,839
Simonson	Geraldine	$	55,061
Simpson	Frances	$	94,431
Sims	Linda	$	113,168
Sinclair	Pamela	$	71,498
Skarpinsky	Betty	$	106,246
Skibinsky	Debbie	$	78,854
Skiffington	Rikki	$	94,651
Skinner	Sharon	$	60,526
Slater	Darlene	$	55,548
Sletten	Cindy	$	86,169

Appendix C: Payee List

Personal Services

Slowenko	Sunyoung	$	66,321
Small	Crystal	$	69,029
Smandych	Donna	$	107,895
Smears	Shineen	$	79,223
Smith	Derrick	$	74,578
Smith	Jeannine	$	71,717
Smith	Jennifer	$	117,520
Smith	Raylene	$	73,411
Smith	Robert	$	60,972
Smith	Sheila	$	72,721
Smith	Susan	$	96,377
Smith Coleman	Stacey	$	69,901
Smith Opseth	Valerie	$	69,220
Sommerfeld	Antonia	$	106,171
Sommerfeld	Brenda	$	113,454
Sorenson	Connie	$	75,556
Soron	Ashley	$	83,420
Spademan	Gaye	$	100,152
Specht	Kirsten	$	50,592
Spence	Carolyn	$	74,877
Spence	Gary	$	53,310
Spicer	John	$	62,015
Springer	Paulette	$	61,876
Sproat	Charlene	$	97,952
Stabner	Janet	$	119,294
Stacey	Ryan	$	56,854
Stadnyk	Lori	$	80,051
Stahl	Lisa	$	67,245
Starblanket	Leanne	$	70,694
Stefanski	Elizabeth	$	72,946
Stefanyshyn	Cari Ann	$	83,375
Stene	Michelle	$	56,476
Stenz	Edeltrud	$	65,795
Stevely	Vivian	$	59,533
Sthamann	Michele	$	80,565
Stieb	Beatrice	$	58,143
Stieb	Lee	$	68,190
Stiglitz	Margaret	$	68,208
Stocki	Julie	$	79,811
Straughan	Tracey	$	106,850
Street	Michelle	$	90,659
Strom	Carolyn	$	90,896
Stuart	Patricia	$	145,917
Stuckel	Onnalee	$	106,148
Suchorab	Frank	$	109,599
Suchorab	Jennifer	$	72,476
Suchorab	Linda	$	96,626
Sullivan	Rosemary	$	64,869
Surkan	Ida	$	76,994
Surprenant	Lorrie	$	104,064
Swain	Trudy	$	59,950
Swan	Katrina	$	54,852
Swanson	Marlene	$	80,924
Swystun	Rhea	$	64,775
Szabo	Dale	$	83,274
Szeszorak	Sylvia	$	51,533
Tamayo	Lea Myrth	$	101,092
Taylor	Barbara	$	60,759
Taylor	Jean	$	63,825
Taylor	Jeremy	$	72,286
Taylor	Victoria	$	76,169
Teer	Donna	$	69,446
Teichreb	Brad	$	70,064
Teichreb	Patricia	$	96,761
Tenkink	Nancy	$	72,277
Tessier	Amber	$	68,178
Tetarenko	Wallace	$	70,930
Thesen	Barbara	$	87,258
Tholl	Betty	$	92,296
Thomas	Yvette	$	101,723
Thommes	Anna	$	90,296
Thompson	Donna	$	75,873
Thompson	Elizabeth	$	94,801
Thompson	Kimberly	$	77,498
Thompson	Tannice	$	104,771
Thorpe	Elizabeth	$	110,082
Tilford	Tom	$	51,654
Tilsley	Shawn	$	70,885
Tipton	Carmen	$	51,831
Tolofson	Alanna	$	61,793
Tomlinson	Twyla	$	70,890
Toner	Kimberley	$	77,042
Tourond	Lori	$	54,494
Trueman	Carol	$	132,997
Tucker	Nola	$	114,181
Turgeon	Cheryl	$	51,424
Turgeon	Wendy	$	89,957
Turner	Irene	$	66,467
Tweidt	Pamela	$	52,503
Tyckon	Laura	$	69,485
Udey	Carolyn	$	84,602
Ulch	Gwen	$	107,052
Underhill	Carla	$	127,502
Ursu	Shirley	$	57,953
Utley	Mandy	$	68,681
Vachon	Charles	$	65,749
Valois	Jacquelin	$	65,441
Van Dyck	Caroline	$	66,779
Van Metre	Kimberly	$	105,331
Van Otterloo	Melissa	$	73,045
Van Walsem	Catharine	$	58,127
Vansil	Heather	$	70,797
Vellacott	Joyce	$	55,087
Verbonac	Dayna	$	79,277
Vermette	Tracy	$	68,437
Vezeau	June	$	98,702
Viklund	Dianne	$	50,675
Villamar	Julius	$	110,973
Villarosa	Maria The	$	99,316
Vincent	Linda	$	72,352
Voneschen	Yvonne	$	75,865
Walker	Victoria	$	68,652

Appendix C: Payee List

Personal Services

Wall	Cynthia	$	76,158
Wallace	Emilie	$	72,046
Walter	Barbara	$	99,605
Walters	Jackie	$	96,150
Wang	Yu Li Sam	$	84,448
Warkentin	Barbara	$	110,869
Wason	Richelle	$	71,236
Wasylyshyn	Shelley	$	92,376
Watier	Rachelle	$	68,763
Watson	Nav	$	70,248
Waugh Beaulieu	Tanya	$	79,829
Weber	Pat	$	50,340
Weger	Cheryl	$	116,363
Weinrich	Bette Ann	$	71,434
White	Leah	$	103,713
White	Millicent	$	62,143
Wick	Deborah	$	51,125
Wiebe	Krista	$	51,208
Wiederspick	Mildred	$	94,051
Wiegers	Mary	$	67,387
Wiens	Arnold	$	62,539
Williams	Lorraine	$	71,330
Wilson	Katelynn	$	72,656
Wilson	Shirley	$	98,813
Winge	Deborah	$	104,664
Wiser	Valerie	$	74,422
Wittig	Kristie	$	61,752
Wood	Don	$	54,721
Wooden	Diana	$	66,501
Woods	Tom	$	59,220
Workman	Jolene	$	81,406
Worth	Crystal	$	70,894
Wotherspoon	Murray	$	67,325
Wyand	Ron	$	79,605
Wykes	Carol	$	50,307
Young	Holly	$	63,348
Young	Tyla	$	53,773
Zagiel	Lynda	$	65,416
Zahara	Rick	$	53,806
Zaleschuk	Richard	$	85,906
Zanidean	Darlene	$	84,495
Zanidean	Lorne	$	104,771
Zawislak	Kim	$	80,584
Zbaraschuk	Kelly	$	75,798
Zdrill	Samantha	$	53,728
Zelowsky	Susanne	$	104,732
Zentner	Neil	$	133,887
Zuck	Shauna	$	70,454
Zwack	Monique	$	106,047

Appendix C: Payee List

Supplier Payments

3130827 Canada Inc (CPDN)	$727,812.30
627577 Saskatchewan Ltd	$123,039.12
A1 Power Door	$145,822.96
Abbott Laboratories Limited	$188,793.34
Action Office Interiors	$110,503.92
Alcon Canada Inc	$449,739.56
Aodbt Architecture Interior Design	$794,297.10
AR Plumbing & Heating	$65,977.91
Associated Radiologists	$2,434,563.16
Barb Bowditch	$72,800.00
Baxter Corporation	$188,556.96
Beckman Coulter	$87,263.66
Biomed Recovery & Disposal	$252,718.75
Blaine Lake Ambulance Care	$370,625.04
Bracco Imaging Canada	$79,928.72
Bunzl Distribution Inc.	$230,554.84
Canadian Corps Of Commissionaires	$738,154.36
Canadian Mental Health Assn	$296,296.17
Cardinal Health Canada Inc.	$638,083.57
Cherry Insurance	$53,444.60
City of Prince Albert	$372,133.40
Co-Operative Health Centre	$372,533.19
CUPE Local 4777	$1,129,828.31
Custom Blinds of Prince Albert	$92,991.78
Dawn To Dusk Ent Ltd.	$80,999.00
Dominion Biologicals	$64,299.40
Dr Peggy Lambos Medical Prof Corp	$434,740.66
Dr. A. Janse Van Rensburg	$142,615.58
Dr. A. Ramji	$437,878.11
Dr. Adel Ben Saleh	$53,525.91
Dr. Alison Tennent	$187,456.72
Dr. Anatole Nguegno	$111,422.45
Dr. Anita Taj	$412,099.80
Dr. B. Silveira Medical Prof Corp	$498,315.59
Dr. Baqir-Husain Medical Prof Corp	$455,176.97
Dr. Bischoff	$86,568.79
Dr. Brenda Hookenson	$149,703.19
Dr. C. De Villiers	$164,914.87
Dr. C.E. Clark	$433,722.47
Dr. Colin Gallins	$303,451.44
Dr. Corne S. Smith	$117,767.14
Dr. Cornelis Hoogerboord	$165,150.97
Dr. D. Bulat Professional Corp	$436,740.66
Dr. D. Marten	$362,344.93
Dr. D. Stevens	$51,921.74
Dr. E. Maciel	$59,352.00
Dr. E. Royeppen Medical Profes	$462,891.38
Dr. Farai Senzani	$123,483.25
Dr. Ferdie Smit	$153,349.73
Dr. Francois Rossouw	$198,388.69
Dr. Greg Obrigavitch Medical Prof Corp	$68,835.32
Dr. Jacob Steyn	$149,204.69
Dr. Joanne Sivertson	$504,355.16
Dr. Johan Wessels	$333,022.55
Dr. K. Shukla	$94,908.56
Dr. K.C. Giede	$65,265.03
Dr. Khami Chokani Medical Prof Corp	$351,250.29
Dr. L J Coertze Medical Profes	$265,943.02
Dr. L. Cruickshank	$374,876.49
Dr. L. Josh Nel	$442,179.09
Dr. Lilanie Cooper	$397,310.81
Dr. M. DuRussel	$409,384.19
Dr. M.Z. Hussain	$99,063.95
Dr. Manivasan Moodley	$56,219.71
Dr. Martin Veith	$387,241.46
Dr. O. Mabadeje	$294,868.32
Dr. Olabode Ige	$130,192.85
Dr. Radu Ilie-Haynes	$64,758.63
Dr. Rashid	$99,255.65
Dr. Ricardo Ribeiro	$107,506.04
Dr. Ron Wall	$78,253.87
Dr. S. Brijall Medical Prof. Corp	$494,202.90
Dr. S. Moodliar	$457,629.89
Dr. Santheran Moodley	$492,167.80
Dr. Sybil Van Der Merwe	$257,786.52
Dr. Syed Asif Ali	$53,237.99
Dr. T. Malhotra	$422,446.86
Dr. V. Parekh Medical Prof. Corp	$98,870.63
Dr. Victor Asefa	$50,848.75
Dr. Vijay Udayasankar	$456,596.88
Dr. Y. Pillay	$476,887.71
Eecol Electric (Sask) Ltd	$141,122.15
eHealth Saskatchewan	$240,768.79
Emco Corporation	$85,487.11
Fahn Medical Professional Corp	$389,889.56
Fisher Scientific Limited	$59,459.10
Flaminio Ceilings & Wall Systems	$381,917.91
GE Healthcare	$360,587.58
Geanel Restaurant Supplies Ltd	$55,129.82
GlaxoSmithKline Inc.	$61,538.80
Graham Construction & Engineer	$8,509,926.98
Grand & Toy	$125,674.55
Great West Life	$720,977.47
Greenland Waste Disposal Ltd.	$102,382.43
Harris Dr. Steven	$176,440.00
HDR Architecture Associates	$98,379.87
Health Sciences Association of Sask	$171,036.24
Hill-Rom Canada	$330,110.46
Hologic Canada Limited	$56,985.50
Honeywell Limited	$139,148.10
Hospira Healthcare Corporation	$934,061.67
IBM Canada	$1,490,095.11
Innomar Strategies Inc.	$56,567.72
Interdynamix	$107,419.57
James R. Brown Med Prof Corp	$282,365.03
Johnson & Johnson Medical Prod	$314,292.05
Karen Bear	$58,800.00
KCI Medical Canada Inc	$166,024.11
Keir Surgical	$100,907.83
Kin Enterprises Inc	$93,851.56
Larry Arcand	$75,000.00
Linvatec Canada	$139,731.40

Appendix C: Payee List

Supplier Payments

Marsh Canada Limited	$339,135.40
Mastercard	$177,532.97
McKesson Canada Corporation	$756,700.35
McKesson Distribution Partners	$364,875.25
Nicole Enterprises Inc	$108,459.20
North Sask. Laundry & Support	$2,475,511.68
Olympus Canada Inc.	$109,877.72
P.A. Fine Foods & Distributors	$63,096.72
P.A. Rental & Leasing Services	$152,315.64
P.A.Mobile Crisis Unit Coop Lt	$79,308.07
PAGC/PADC Management Company-Yth Tr	$2,771,692.45
Parkland Ambulance Care Ltd	$2,841,076.52
Pentax Canada Inc.	$81,661.37
Philips Medical Systems Canada	$445,186.87
Pinnacle Distribution Inc.	$92,302.28
Prairie Meats	$191,386.70
Prairie North Health Region	$198,100.92
Prince Albert Photocopier Ltd.	$136,839.10
Provincial Medical Supply	$89,650.21
QHR Software Inc	$53,623.58
RNF Ventures Ltd.	$3,283,605.43
Roche Diagnostics	$180,932.92
Roxon Medi-Tech Ltd	$58,847.25
Russell Food Equipment Limited	$98,909.76
S Martins Medical Prof Corp	$450,042.74
Sahse-Educ.& Prof. Development	$122,795.00
Saputo Milk Division	$208,921.09
Sask Energy	$536,375.01
Sask Power	$1,080,601.25
Sask Union Of Nurses-Regina	$584,198.39
Sask Workers Compensation Board	$1,777,368.67
SaskTel	$327,037.99
SaskTel Mobility	$121,080.59
Schaan Healthcare Products	$2,344,250.25
Shell Energy North America (Canada)	$353,781.78
Siemens Healthcare Diagnostics	$604,110.41
Sisters Of The Presentation	$52,630.41
Smith & Nephew Inc. (Wound Mngt)	$595,061.70
Smiths Medical Canada Ltd	$112,845.38
Spiritwood Ambulance Care Ltd	$1,062,464.61
SRNA	$240,433.00
Steris Canada Limited	$184,051.58
Stryker Canada	$632,353.26
SUN Local 62	$105,820.13
Supreme Basics Prince Albert	$107,365.35
Synthes (Canada) Ltd	$56,359.10
Sysco Food Services Regina	$1,640,572.45
Teleflex Medical L.P.	$76,017.90
The Organizational Culture Group	$55,126.96
The Stevens Company Limited	$160,563.51
Thorpe Brothers Ltd	$89,380.92
Town of Shellbrook	$566,410.56
Trac Holdings Ltd.	$361,942.44
Tyco Healthcare Group Canada Inc.	$401,381.60
Unisource Canada Supply System	$69,709.96
Van Houtte Coffee Services Inc	$77,560.77
Verathon Inc.	$50,490.10
Vitalaire Healthcare	$143,367.94
WBM Office Systems	$523,731.80
Woody Valentine's Surgical Pro	$80,000.00
Zep Factory Outlet	$171,609.49

Transfers

Blaine Lake Ambulance	$370,625.00
Canadian Mental Health Association	$296,296.00
Co-operative Health	$372,533.00
Mont St Joseph Home Inc	$7,205,372.28
Parkland Ambulance	$2,841,077.00
Prince Albert Mobile Crisis Unit	$79,308.00
S.H.A.R.E	$547,810.00
Spiritwood Ambulance	$1,062,465.00

Other expenditures

Minister of Finance	$881,149.73
Public Employees Pension Plan	$365,375.19
Receiver General For Canada	$34,097,612.34
S.A.H.O.	$8,103,187.38
SHEPP	$14,782,419.75

PRINCE ALBERT PARKLAND
HEALTH REGION

Pink Glove Dance

Staff members, physicians, volunteers and family members participated in the filming of the Victoria Hospital entry in the Medline Pink Glove Dance competition, which aims to raise awareness about breast cancer. Voting took place using Facebook in October 2011.
With more than 38,000 "likes", the Victoria Hospital entry placed third out of 140 entries, which resulted in Medline making a $2,000 donation to the Saskatoon Cancer Clinic on behalf of the Victoria Hospital entry. The video has been viewed more than 100,000 times. Find it at http://www.youtube.com/watch?v=MrotbLCD5WY